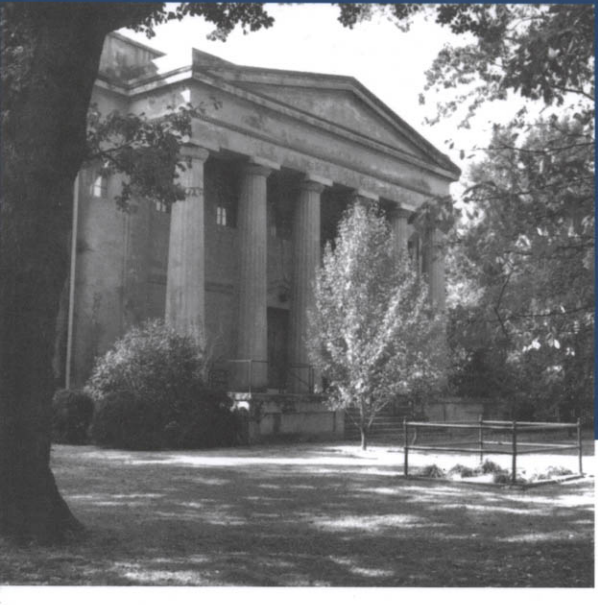
The History of the Medical College of Georgia



PHINIZY SPALDING

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PHINIZY SPALDING

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To the Alumni of the Medical College of Georgia

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Preface

It has been almost sixty years since William H. Goodrich published his *History of the Medical Department of the University of Georgia.* I would be belaboring the obvious to say that Dean Goodrich's work is dated. Even the title of the volume indicates that the basic status of the Medical College of Georgia (MCG) has changed radically since the school celebrated its centenary in 1928. Furthermore, Goodrich's work, although spiced with a wealth of detail from MCG's early years, has almost nothing to say about the institution's post–Civil War period, and goes into no critical or comparative analysis at all. He suggests many research areas for historians of medicine who followed him, but few of these have been touched. Cecilia C. Mettler and Joseph Krafka, Jr., both on the faculty at the Medical College, did some stimulating and useful work that appeared in medical journals during the decades of the 1930s and 1940s, but it lacked the scope or depth needed for a full history of Georgia's oldest medical school. In the 1950s and early 1960s S. Joseph Lewis, Jr., worked on a manuscript that, it was thought, would satisfy a need that had by then become a crying one. For a complex of reasons, however, Lewis's work was never printed and he died without the satisfaction of seeing his research and writing accorded the public respect they deserved.

Finally, in the euphoria of the Medical College of Georgia's sesquicentennial, it was decided by alumni and personnel of the institution that a published history was to be one of the main projects to mark the school's anniversary. It was at that time that I was contacted and that I began my own research into the history of medicine in general, and the history of MCG in particular. The search and the writing have been in turn arduous, grueling, and exciting—but never dull. The life story of the Medical College has seen to that.

By the time this volume is published it will have been almost a decade in the making. But there is an old adage that I hope applies about good things setting their own precious schedules. This extended period of gestation was due to many factors, especially my not having any released time from my teaching at the University of Georgia. Suffice it to say, however, that should the volume fall short of expectations, I can blame neither old saws nor time—nor anyone other than myself.

The need for this *History* is particularly apparent in 1986–87 as the Medical College of Georgia heads toward the twenty-first century under a new president and with flags flying at full mast. Another old saying—this one especially relevant to history—holds that you never know exactly where you are going until you can tell who you are and where you have been. If this volume can, through its insights and historical perspectives, help outline in some significant way the identity of the remarkable and resilient school known affectionately as MCG, then it will have served its purpose. The money, the knitted brows, and both the mental and physical perspiration will have been worth it; the book will have proved to be an appropriate investment in the school's past as well as in its future.

Institutional history, though, is far from simple to write, particularly when that history continues to the present—or very near it, as this one does. Feelings get hurt because names or events that contemporaries think should be included are not; interpretations that are consistent within the framework of the full history of a school seem unfair or wrong. To those who tend to deify the medical professions, the cold light of objectivity appears to probe more for faults than for stunning triumphs and glorious victories. Fortunately, the time when velvet-lined platitudes constituted America's idea of what medical history should be has gone, although this day still lingers in some quarters. MCG, much to its credit, chose to go with the new rather than the old, and it is a gauge of its current approach toward itself that I was given free access to all the school's records. The Registrar's office, where many of these records are housed, could not have been more cooperative, and I owe the friendly and well-informed Frances Wingfield there hearty appreciation.

Furthermore, I have received only the most cordial encouragement—in addition to many insights—from former presidents Harry O'Rear and William H. Moretz, and from the administrators and the librarian who read this manuscript in two different rough drafts. Former Dean of the Medical School Curtis Carter, former Provost Lois Ellison, and Mrs.

Dorothy Hart Mims in the Special Collections Room of MCG's library deserve particular thanks for their many efforts. The lengthy reports and the detailed suggestions that these readers submitted to me were indeed prodigious. More often than not their recommendations were accepted, and the final manuscript is the stronger for it. Even when rejected, their ideas were weighed and appreciated for what they were. The members of the history manuscript reading committee who represented the alumni were thoughtful as well, and I thank all of them for their interest and concern. My particular appreciation goes to Drs. J. Harold Harrison and Milford B. Hatcher for their counsel.

The numerous people who voluntarily submitted themselves to personal interviews were of enormous aid, and it was a distinct privilege to sit down and talk seriously with them about the history of the College. Ranging from Mrs. Ralph Chaney to Goodrich Henry, from Roy Harris to Sam Singal, from Joseph B. Cumming to Philip Dow, from Loree Florence to Rufus Payne, and including as well students and staff currently at the institution, all helped substantially to piece together the complete mosaic of the school. I want to thank each one of these people for their generosity, and I particularly wish to recognize the role they played in putting this history together. Russell Moores, so knowledgeable about events and people in MCG's past, provided personal insights in addition to those contained in his pieces written for the Augusta newspapers or printed in local and state-level journals. Lane Allen, emeritus professor of anatomy at the College and student of its history, was kind enough to take me on a "sill-to-ceiling" tour of the old building on Telfair Street, and spoke encouragingly—and instructively—to me in relation to faculty and student affairs as he remembered them.

In fact almost everyone with whom I have talked was sincerely anxious to help. The Office of Institutional Relations was particularly open-handed in its advice and encouragement. More than anyone else, Joan and Bob Wilson have been responsible for speeding up the publication process. Bob has urged me forward—always gently—and has served as an effective sounding board. The two of us worked together to choose illustrations for the *History*, much of his time spent being above and beyond the strict call of duty. It was James Austin who originally approached me to do this volume, and I would be remiss were I not to recognize him as the one on staff at MCG who got the project underway. John Donnelly, Doug Vinson, and all the others at Institutional Relations

have been wonderfully helpful, and I hereby express my appreciation. Larry Christensen, who headed the alumni society until 1985, kept me apprised of events at MCG over the years. At one point Larry subtly pushed me into a series of revisions when I was not so inclined. He argued that revision would be for the best interests of both the manuscript and the school. The end product, in fact, may well have never taken on its final form without Christensen's insistence.

So many people in so many places have been so generous that it will be impossible to mention all of them. David Estes and Linda Matthews at the Robert W. Woodruff Library of Emory University; Robert M. Willingham, Jr., and Thomas E. Camden of Special Collections at the University of Georgia Library; Mary Ann Cashin and Virginia deTreville at Augusta College; Anthony R. Dees, at that time director of the Georgia Historical Society; and librarians and archivists at the National Library of Medicine, at the National Archives in Washington, and at Duke, Tulane, and Louisiana State universities must all be recognized. Anne Donato at the Medical University of South Carolina's Waring Historical Library tracked down obscure material and made thoughtful suggestions. But it was Dorothy Hart Mims in Special Collections at MCG who spent many hours trying to make sure that the book was a good one. Andra Eanes at the *Augusta Chronicle and Augusta Herald,* Mary Ann Cashin, Larry Gulley in Athens, the staff at the Augusta-Richmond County Library, Dot Mims and Bob Wilson at MCG, and the people in charge of the Vanishing Georgia collection at Georgia's Department of Archives and History were of marvelous use when rounding up illustrations. Unfortunately, the photographic files at the Augusta-Richmond County Museum were not organized to the point where they could be of use in this volume.

Over and above all, though, my fullest thanks must go to LaMar S. McGinnis, the driving force behind the history project from the start. As president of the School of Medicine Alumni Association and later as head of the Medical College of Georgia Foundation, McGinnis insisted upon quality work. He also insisted upon straight thinking and on letting the chips fall where they may. His candor, his zeal, and his fixed-jaw determination that the manuscript see the light of day could not be denied. More than anyone else, Dr. McGinnis is responsible for this publication. Would that the College had more alumni like him. I should also note that Hoke Wammock has long been interested in this narrative, and

I owe him a vote of thanks for the confidence that he, McGinnis, and the other distinguished alumni of MCG have shown in me. It has been an experience to remember.

A brief word about style and usage in the volume that follows. I have made every effort to keep the *History* as simple in style and format as I could. For some it may sound too relaxed stylistically, but the book was intended from its inception to be written for—and to be read by—the alumni and by those interested in the history of medicine. I have, therefore, made a conscious effort to write with a light touch, but to be consistent at the same time with sound scholarship and good taste. I have also included aspects of Augusta's history even when not immediately relevant to the life of the Medical College. MCG was such an integral part of the Augusta and Richmond county communities in the past that anything affecting one had its immediate impact on the other. Such is still true today, of course, but the College is much more a separate entity now than it was in the nineteenth century—or even in the twentieth century until after World War II. Glimpses of community life independent of the Medical College have been inserted in order to give a feel of what Augusta was like—and what Augustans were thinking and doing—at a given time.

There have been a few problems of citation in the text but they have been solved, I hope, to the satisfaction of the reader. Throughout MCG's long life it has gone by a number of different names. Rather than be strictly correct and call the school by its proper name during a particular segment of its history, I have taken the name it received formally in 1832—the Medical College of Georgia—and have called it either by this title or by a variation on it. Hence I have referred to the institution by turn as the College, the Medical College, the Medical College of Georgia, or MCG throughout the book. There is a similar problem with the *Augusta Chronicle,* the city's oldest newspaper. The paper has gone under many variations on its title, but as I have indicated in the Bibliography, I have consistently cited it simply as the *Chronicle.* Fairly recently this paper purchased the *Augusta Herald,* so illustrations generously provided by this firm for the book have been credited to the *Augusta Chronicle and Augusta Herald.*

Finally, it should be said that in a general history of this sort it is not possible to include the names of many of MCG's outstanding faculty

members or to reference their solid and sometimes even brilliant achievements in the classroom or in the laboratory. This sort of recognition was possible as long as the institution was relatively small, but since the 1940s the College has grown into a true medical services complex the size of which would flabbergast Milton Antony—or even George Lombard Kelly. Other medical schools today face the same annoying problem when writing their histories. Probably the best solution is to have each department or school in Augusta that would like to take part sponsor the writing of its own internal history—much as the dental school has done, as Louise Grant is doing for nursing, and as Philip Dow initiated for the pathology department. Such projects would be far more apt to give full credit to individual faculty members at appropriate intervals. This would help develop pride and self-awareness on the part of the division analyzed and would add an extra dimension to a general history such as this one.

Phinizy Spalding
Spring 1986

Chapter One

Origins

The trustees for establishing the colony of Georgia were, from the start, determined to create a new and unique sort of province in America. In the first boatload of settlers in 1733 was found a wide variety of trades and occupations; the surgeon William Cox, for instance, was aboard the *Anne* with James Oglethorpe. Somehow a Dr. Lyons also showed up at Georgia's founding. To the scandal of bailiff Peter Gordon, Lyons danced drunkenly with the Indians the first night after the weary settlers came ashore.[1] But Cox died of a fever in April—the first mortality among Oglethorpe's group[2]—and Lyons disappeared from the pages of Georgia's history as mysteriously as he had come to them. Still, the medical profession had begun to make its impression upon Georgia from the earliest days.

A severe intestinal illness struck Savannah in the summer of 1733 not long after Cox's death, and at the same time a shipload of Jews came up the Savannah River and asked Oglethorpe's permission to go ashore as prospective citizens of the new colony. Although he knew that his fellow trustees in London would not be pleased with his action, Oglethorpe gave his approval.[3] He apparently had no strong anti-Semitic feeling, and he could also be a sensible pragmatist when he put his mind to it. It was no coincidence that one of the members of the Jewish contingent was Dr. Samuel Nunes. The colony's "new physician" went immediately to work and played an important role in helping to get Georgia back on its feet by the fall of 1733. Such were the initial appearances of medical doctors in the British province of Georgia.[4]

Because internal physical and economic growth was slow, emigration to Georgia from other colonies was minimal during the trustee period. Owing in part to the slow growth and the nature of the economy, external trade with the West Indian islands was relatively slight. This factor also

cut down on the introduction of various diseases. Georgia's population, therefore, grew slowly, partly because the province's intercolonial contacts during the trusteeship period were relatively few. In an era that understood the causes and treatments of diseases but imperfectly, the isolation of the colony acted as a blessing insofar as the health of the colonists was concerned.[5]

But the experimental aspects of the colony, including limited land grants and slave exclusion, had failed by 1752. After the trustees surrendered their charter to the king, the colony got the green light from Westminster for massive landholdings and the introduction of blacks. Georgia grew apace, becoming more like the other southern provinces in economy, government, landholding patterns, and also in its health problems. Still Savannah, probably owing to its high and dry location, remained relatively disease-free throughout most of the colonial period.[6]

Georgia was less than one-half-century old when the American Revolution broke out in 1775. The colony was hardly more than frontier even at Savannah, its capital as well as its oldest and most sophisticated center. Down the coast were Sunbury and Darien; inland and up the Savannah River was Ebenezer; at the fall line on the same river was the lusty Indian trading town of Augusta. Within Georgia's chartered limits, and surrounding it on all sides save to the east, were numerous Indian tribes who watched American developments with a wary eye. No wonder, then, that many Georgians counseled caution to their political leaders: ushering out British authority (and British troops) might usher in an Anglo-Indian alliance to drive the Georgia rebels into the sea.[7]

But as every schoolchild knows, Georgia did join the Revolution, and Georgia was not driven into the sea. There was considerable military action in the state during the war itself, and much of it of the particularly bitter partisan sort. Savannah, the old nerve-center, was recaptured by the British, and Sir James Wright was brought back as governor of the reconstituted royal province. Opposition to the British was never completely crushed, however, and it was during this period of Savannah's occupation that the upcountry began to assume political control of the state. Augusta, established in 1737 by order of James Oglethorpe and visited by him two years later, became the de facto capital of Georgia during hostilities.[8]

Even before the fighting was over, thousands of new settlers began to

pour into the areas north and west of Augusta, many of them coming from Virginia and the Carolinas. Through the valleys and passes they came, fanning out as they reached the Piedmont, populating the backcountry of South Carolina and Georgia. This movement, already apparent before 1776, became a flood in the 1780s and 1790s. The new century opened with the backcountry securely in political control of the fortunes of the burgeoning state of Georgia. Many of these migrants brought with them attitudes and predilections that were quite different from the older settled areas near the lowcountry. They introduced the culture of tobacco, Piedmont Georgia's first cash crop, but more importantly, they (many of them Presbyterians) brought along a strong emphasis on education.[9]

Augusta was a sort of meeting place where the two Georgias could mingle and exchange ideas. Rapidly replacing the Indian traders in importance by 1800 were the factors and merchants who handled the tobacco trade as it came down the rivers on flat-bottomed log rafts or down the makeshift tobacco roads to the town's waterfront. Located at the falls of the Savannah River where paths to the Piedmont and to Indian country met, Augusta entered a period of growth after the Revolution that saw it emerge as a challenger to Savannah not just in the political field, but in the social, cultural, and educational arenas as well. Augusta was booming—but it attracted more than just agents and merchants and storekeepers. With its outstanding academy leading the way, the town lured to its limits educators, lawyers, and physicians. The intellectual basis of the community, upon which the structure of the Medical College of Georgia was to be erected, was being established during the first two decades of the new century.

The first known formal organization of medical professionals in Georgia, however, came from Savannah, in 1804, and was called the Georgia Medical Society.[10] The Society had the opportunity to evolve into the state's first medical academy, but the development never came. At about the same time, Maryland was founding that state's first medical school (1807), followed in the South Atlantic states by South Carolina (1824) and Virginia (1825). In contrast, Georgia, still in its swaddling clothes, was forced out of necessity to concentrate at this time on defensive security, and to wrestle with the bitter problem of land speculation and attendant controversies. A push was on to extend the state to what was

thought to be its natural boundaries, for large elements of Georgia, even by the 1820s, were still occupied and controlled by the Creek and Cherokee Indians.[11]

Although the state university was founded in 1785, it became a reality only after 1800 and was still in its infancy by 1820. Its appeal was immediate to those few who desired or could afford a college education, but at the time not many availed themselves of the opportunity. As for medical education, the feeling was that if formalized training was desirable at all, then it probably should be taken out of state. Before the 1820s, then, Georgia was too absorbed with expansion and material growth to embark upon an experiment leading to the creation of a medical college. The state was still basically raw and, with the exception of a few handfuls of cultural enclaves, unlettered. The time was not right for a step toward quality medical education, but there were forces at work that were hastening this moment along.[12]

It has been estimated that there were fewer than one hundred physicians in Georgia in 1800, and the number who actually held degrees from reputable medical schools will never be known.[13] At this time, however, the local "doctor," even though he might be an effective practitioner and a force in the community, did not feel it necessary to display his credentials in the form of a Latin diploma. Good horse sense, knowledge of the basic drugs and medicines, some form of apprenticeship with an older and experienced practitioner, a keen feeling for human psychology, and a strong stomach were more important baggages for the Georgia doctor to carry with him on the frontier than a dozen degrees. Medical practice in the state was still hampered by sparse settlement, poor roads, numerous rivers, and the highly rural nature of Georgia society.[14] It has with some accuracy been written that prior to 1825 there were three types of doctors in Georgia: degreed physicians, those with apprenticeship experience only, and quacks.[15] There were far more of the latter than of the first two groups put together. So the state, in its impatient mood, concentrated on expansion and internal issues and left it up to the medical colleges in the East to train physicians for the country.

On the national level, the first part of the nineteenth century has been called the age of heroic medicine. The overwhelming influence in this movement was exerted by Benjamin Rush of the Medical College of the University of Pennsylvania, whose drastic exhortations to bleed the patient were premised upon the belief that diseases were caused by flaws

and imbalances in the bloodstream. In some instances he advocated taking as much as 80 percent of the body's blood in order to curb an ailment; bleeding or leeches, for example, were considered to be particularly useful treatments for hyperactive children.[16] Not only could the proposed remedies of the age be painful and debilitating—and perhaps even fatal under certain circumstances—the medicines used, particularly the purgatives and emetics so much in vogue, might actually poison the patient because of the mercury content.[17]

Still the heroic school was dominant, and although voices called out for reappraisal and rationality, the Rushites carried the day and became arrogant in their powers. Richard H. Shryock, writing of the situation in South Carolina where circumstances were similar to those in Georgia, reported that "Rush's sanguinary methods finally overcame common-sense opposition" and swept the state.[18] Physician Lemuel Kollock probably summarized the situation in Georgia accurately when he wrote to Dr. William Currie of Philadelphia in 1805 that Georgia medicine was dominated by "the lancet, cold water, and mercury," all in huge doses.[19] Blistering, purging, more mercury, and additional bleeding were held in reserve for the helpless patient who failed to show improvement after the initial treatments. Tomlinson Fort, one of the early trustees at the Medical College of Georgia, and fellow physician John M. B. Harden counseled moderation in the use of mercury and its compounds, but they were a tiny minority. Calomel and castor oil in massive doses were used to treat cholera; the same preceded by emetics handled pertussis; blistering and bleeding were used for pneumonia; and so it went.[20]

Reaction to such techniques was sure to come, and it surfaced as a kind of return to the use of basics such as herbs and roots as curatives. This school of thought, sometimes called simply the botanic school or Thomsonianism after its founder, the New Englander Samuel Thomson, asked for a more reasonable treatment of the patient. For the Thomsonians diplomas and actual training in a medical school were strictly secondary; an ambitious physician on the make could buy a permit and books from Thomson that authorized him to peddle the remedies he advocated as cures. The botanic school scorned operations and relied exclusively upon vegetable compounds of various sorts. Lobelia was to cleanse the stomach; capsicum produced an inner heat to combat illness; numerous teas were prescribed for sundry disorders from melancholia to constipation. Because of the painless—if not exactly tasty—treatment,

reasonable charges, and simplicity of application, Thomsonianism flourished, particularly on the frontier, where degreed physicians were a rarity in any case. And most of Georgia in the 1820s, when Thomsonian practices began to make their mark, was still a frontier.[21]

But even in more settled areas, the first decades of the nineteenth century did not draw the sharp lines between folk and scientific medicine that are so apparent today. Some of the "empirical cures accidentally discovered by common folk" were, in actuality, better—or less harmful at least—than many of the laboratory-produced remedies.[22] But what really galled the degree holders was, in Ronald Numbers's words, the notion that "the early Thomsonians seemed genuinely pleased with a prospect of a world without physicians."[23] In a democratic society such as America's, what need for the sheepskin and other old-world trappings? The nineteenth century ushered in the era of the common man where each individual, buoyed by his own native intelligence and working toward a perfect society, cast off not only the need for government but also the need for trained physicians. Each man would govern himself; each man would treat himself. Or so went the rationale.

Standards at the few American medical schools—already none too good—headed toward rock bottom as a result of this kind of mental attitude. Jacksonian democracy, impatient of governmental restraints on the state level, agitated for the repeal of laws that had been designed to protect the public. In Shryock's words, "Thus did Jacksonian Democrats proclaim their inalienable rights to life, liberty, and quackery."[24] The status of the physician, already low, sank even further. In academic institutions entry requirements were so lax that illiterates were found in even the best colleges; the doors of the medical schools were thrown open. The low pay received by physicians fell to meet their low reputations. On the frontier, "Others, especially the herbalists and leeches, became roving practitioners."[25]

The medical degree had, in any event, been considered by some to be roughly "the equivalent of the modern bachelor of science" insofar as emphasis was concerned. The degree was apparently taken by many who never intended to practice medicine but who wanted a science degree in a system where most colleges were "classically oriented."[26] Shortages of texts had much earlier dictated that in the two-year course for the M.D. the second year would be a repeat of the first. But after the causes for this

phenomenon had disappeared in the early 1800s, the habit was too strong to be shaken, particularly because the University of Pennsylvania, the unquestioned leader among the traditional medical schools, adhered to it. The combination of low entrance standards, a repeated second year, and the success of such challengers as the botanic school carried orthodox medical education in America to its nadir around 1825. No American medical school, wrote William Frederick Norwood, was "comparable" to the best foreign school.[27]

Georgia, in the 1820s and the 1830s, was in an aggressive and individualistic frame of mind that may even have exceeded the violent enthusiasms of the rest of the country. The notion of the worth of the average person and the grassroots movements of Jackson's brand of democracy seemed to fit the Thomsonian principles nicely.[28] Botanic medicine caught on in the state. That the orthodox physicians and their friends would have to organize to meet the threat was certain, but it was not clear where the leadership to meet the challenge of the Thomsonians would jell.

Augusta proved to be the place where the forces of time, need, and medical education converged in Georgia. The 1791 town has been described as a community of about eleven hundred people with a church and a courthouse, a stone jail, a government house, three warehouses, and a useful and effective academy.[29] It was an important enough town for Washington to visit in that year, but by 1800 it had grown significantly with the addition of a wave of Carolinians and Virginians, and a number of refugees from the French West Indies. To the child John Phinizy, moving to town from Oglethorpe County with his father about this time, Augusta looked to be "the biggest place in the world." Augusta boasted a fire department and, since 1798, a theater. Stagecoach service was then available on a regular basis to Charleston and Savannah and promised a relatively easy two-day trip. The sport of kings could be enjoyed at two fine local courses.[30] Georgia's first published fee bill had appeared in the local newspaper in 1797, surely a sign of advancing maturity and perhaps offering a hint of the leading role the city would play in the medical history of the state.[31] The town was booming; the optimism of Jefferson and of his political party filled the air. Children, it was said, could run a mile on Broad Street simply by jumping from one bulging cotton bag to another. Still, the ditches down Greene and Broad, the mud and puddles

of the winter, the hogs in the street with the refuse, the board sidewalks, and the water pumps on street corners bespoke a town hardly removed from its frontier stages.[32]

By 1806 John Melish, a Scottish merchant and traveler, was able to admire Augusta's "very extensive and profitable trade both with Savannah and the backcountry," and lauded the "mixed" but "well-informed" society that showed "a considerable taste for literature." Adam Hodgson pictured the Augusta of 1820 as a "rural town" that was even then "surrounded by immense cotton plantations," an indication of the growth and prosperity coming Augusta's way as the cotton belt began to reach peak production.[33] Phinizy, who was to be mayor of the city in the 1830s, also recalled the booming cotton economy: "In 1818 I had a large cotton warehouse myself. A long wooden building, that cost one thousand dollars to build, rented for eighteen hundred dollars the first year. . . . Central Street was so packed with cotton wagons in 1818 that at times it was completely blocked."[34] But the seeds of a movement that would outlive the reign of king cotton were being sown during these same fascinating years.

Throughout the country the orthodox medical profession, seeing Thomsonianism gaining, began to make serious efforts to organize. The intent was to bring more reliable medical treatment to the public. Professional groups were put together, such as the Georgia Medical Society in Savannah, but there were other pressures being brought at the local level to have municipalities construct hospitals and to see to the establishment of health boards that might take measures in the interest of the public weal. It was in these areas of municipal concern that Augusta acted during the decade after 1815 and supplanted Savannah as the leader in the field of Georgia's medical history. In 1817 the town had a board composed of three councilmen and two physicians to oversee general community health problems, and the following year saw the construction of the ten-bed City Hospital of Augusta on a Greene Street lot purchased from the trustees of Richmond Academy.[35] Although there were local calls as early as 1808 for the creation of a community medical association, it was not until 1822 that the Medical Society of Augusta was actually formed.[36] The deadly visit of yellow fever to Savannah in 1820 may have provided the impetus needed to get the Augusta physicians together.

Available evidence seems to indicate that local men trained at the

Medical Department of the University of Pennsylvania took the leadership in the creation of the Medical Society of Augusta.[37] Several aspects of its organization stand out. It was stipulated that the Society could own and hold property, and its membership was to be drawn from throughout the state. The founding physicians apparently envisioned the creation of some sort of teaching institution to result from their organization. The aggressive community had established a city hospital earlier and had probably the state's best academy, all reflecting Augusta's desire to consolidate its educational position in the state. The city may also have been interested in thwarting bids by Savannah and Milledgeville to have Georgia's first medical school.

At about the same time as the founding of the Medical Society of Augusta in 1822, a revealing letter appeared in the *Augusta Chronicle* advocating the establishment of a medical college for Georgia. In addition to a number of arguments in its favor, the correspondent pointed out that "an immense amount of money" otherwise spent in Pennsylvania and elsewhere would stay in the state (and perhaps be spent in Augusta instead!).[38] Although the call for a college was premature, it was a sure sign of the developing self-consciousness of Augusta's physicians. This same group successfully pushed for an 1825 law forbidding medical practice in the state to those without a license.[39] Such a licensing act was a severe blow to the Thomsonians; the degreed physicians rejoiced. However, although the botanic enemy was down, it was by no means out.

At this juncture a remarkable and able man took control of the situation and, by dint of personal determination and strength of will, molded the disjointed forces of local history into a coherent movement that resulted in the establishment of the Medical College of Georgia. Although the story of the founding of the College has been related a number of times, it might be well to tell it yet again and try to place the narrative within its proper historical context.

The establishment of the Medical College of Georgia in Augusta mirrored a similar development occurring in mature communities all over the United States. The founding of the Augusta institution also reflected the movement within the medical profession generally to upgrade its status by organizing in order to establish basic standards for physicians and the colleges that trained them. The ebullience and optimism of the times, dominated by an infinite belief in the value of education and the idea of progress, also helped create a climate friendly to the founding of such

institutions. (Such a milieu was important in encouraging the Thomsonians as well, of course.) But in spite of how important the impersonal forces of history may have been, the fact remains that it took a Milton Antony to act as the catalyst and mover who brought the historical imponderables together into a workable plan.

It was long assumed that Milton Antony was a native Georgian, but recent research has established that he was born in Virginia. He moved with his family south to Georgia's Wilkes county, where so many Virginians had settled, when he was still a child, and grew up in that remarkable little town that produced leaders in many areas out of all proportion to its size.[40] Antony apparently had little formal education and almost no money at his disposal, but he made up for these deficiencies with a quick mind and a desire to excel. He appears to have studied with Dr. Joel Abbott in Washington, Georgia, for a time, but headed north to attend the University of Pennsylvania's medical course in 1808. For reasons not entirely clear, he completed only one year of lectures in Philadelphia. The assumption has been that he lacked the funds to finish the second year, but for a person with as much drive as Antony it is hard to accept this interpretation when it is borne in mind that there were various ways—then and now—for a penniless young man with talent and ambition to finance his schooling. But, whatever the reason, Antony returned to Georgia and never received his M.D. Most physicians in the state lacked the degree in any case, the general rule being that a person was licensed to practice following an appropriate preceptorship with a qualified physician. Antony followed the usual mold in this regard. By 1810 he had a wife, the former Nancy Godwin, and a daughter, Sally.

Antony and his family moved to New Orleans about 1817, but were back in Georgia, and in Augusta permanently, by 1819.[41] He may have played a role in the movement to build Augusta's city hospital, but there can be no question that he was instrumental in creating the Medical Society in 1822. By that time Antony's reputation had spread beyond the city's limits, particularly as a result of an operation for empyema that he had pioneered in 1821,[42] but he was involved in many other aspects of community life as well.

That the University of Pennsylvania was a model for Antony to follow must be assumed, but it may be that a younger school, and one closer to Augusta, played at least as important a role in helping him establish guidelines. The Medical College of South Carolina first opened in the

fall of 1824 with thirty students and six faculty members, all of whom had degrees from Pennsylvania except Stephen Elliott, botanist and Yale graduate.[43] Charleston was generous with the school, and state appropriations were granted in 1825. The nucleus for the school's library was purchased in France by the Medical Society of South Carolina, under whose control the South Carolina college rested.[44] The first commencement was held in April 1825, and one of the five graduates was Augustan Ignatius P. Garvin. Augustus C. Baldwin of Augusta was in the class of 1826, and Samuel Holt and J. D. Reid represented the city as graduates in 1827. Joseph Adams Eve, who had been working with Antony at Augusta's city hospital, received his M.D. from the Charleston institution in 1828.[45]

Perhaps more significant in weighing the influence of the Medical College of South Carolina on Antony (and vice versa) is the consideration that he received an honorary degree from the institution when the first diplomas were granted in 1825.[46] Furthermore, Antony acted as preceptor for no fewer than four students registered at the Charleston institution during the academic year 1828–29.[47] The depth and significance of the contacts cannot be overemphasized. It is obvious that he knew everyone on the faculty and, in fact, he attended medical school in Philadelphia with Thomas G. Prioleau, first professor of obstetrics in the Charleston institution. It is equally certain that he was aware of the difficulties under which the new college labored as a result of the control exercised over it by the Medical Society of South Carolina. It seems logical to assume, given Antony's sensitivity for effective organization, that he shaped the Medical College of Georgia in such a way that the faculty of the school, and not the local medical society, would be the forming group with de facto control over the fate of the organization.

The trustees of the Medical College of Georgia, as finally constituted, were an independent entity drawn from all over Georgia; they were not beholden to any local group, such as the Medical Society of Augusta, or to any structured agency. Generally speaking, the trustees of the Augusta school were content to meet once a year near commencement time, hear examinations of those who sought degrees, and confirm what the dean and faculty had done in the past and had planned for the future.[48] The Medical College of Georgia escaped the bloody internecine warfare engaged in by the faculty of the South Carolina school—warfare that almost destroyed the institution before the faculty won its independence

and a new charter. The battle was, in fact, so destructive in its nature as to cast serious doubt on South Carolina's claim to have the oldest medical school in the Deep South in continuous operation.[49]

It would seem likely that, in spite of the outside influences, Milton Antony was the person who brought the promise that Augusta offered to reality. Certainly there is no question that in 1826, with the blessing of the town's council, Antony began to teach apprentices in several rooms of the City Hospital of Augusta, with the help of Joseph Adams Eve.[50] Antony must have been hopeful about the results of his little experiment, for in 1828 he opened his campaign for the establishment of a more ambitious school that would use the hospital as its focal point. Working successfully with local politicians as well as with local physicians within the Medical Society, Antony and his allies pushed for the chartering of a proper medical academy by the state. The school would be empowered to run a one-year course and was to have the authority to grant a bachelor of medicine degree. So effective were the pressures brought by Antony that on 20 December 1828 the charter of the Medical Academy of Georgia was passed and signed by Governor John Forsyth, Augusta native. A board of trustees of twenty-four members was created, and the group was authorized to set up and oversee a school to be established within the city limits.[51]

On 2 March 1829 the board assembled officially for the first time and picked Antony, William Waring, and Lewis DeSaussure Ford as the original faculty of the Academy. Antony was probably the most important figure in drawing up the rules of procedure for the new group, but Ford was designated the first dean of the school. A long term, extending from the first Monday in October to the third Monday in May, was ordered.[52] After other organizational and procedural hurdles had been cleared, the Medical Academy of Georgia officially opened on 1 October 1829 with its three-member faculty and seven-member student body. The rooms that it occupied in the city hospital on Greene Street had been renovated for the Academy's use at the expense of the faculty. By the time of the school's opening, Waring had been replaced by Ignatius P. Garvin, Antony's son-in-law, who offered to serve temporarily. Garvin had also been named secretary of the Academy's board of trustees.

The faculty and trustees were to act together as "a board of examination," and the trustees were empowered to fill vacancies at the Academy

whenever they occurred. Upon properly meeting the requirements of the school, and upon receipt of a satisfactory medical treatise, the faculty and trustees were empowered to award the bachelor of medicine degree. Each trustee was earnestly solicited for "Money, Books or other property" that might be useful in the life of the Academy. Antony was put in charge of a committee "to draft an address to the public" on how the Academy would benefit all the people of Georgia.[53] Bylaws were adopted and an executive committee was set up and authorized to act for the trustees. In addition, the secretary was instructed to send the rules and regulations of the Academy to the Medical College of South Carolina's trustees to see if the Georgia diploma might be considered "as equivalent to one course of Lectures in their School." The initial plan for the Academy was for the student to have a year of lectures supplemented by preceptorial training with an established physician. If the candidate for the degree performed satisfactorily, he would be awarded the bachelor's degree and then go to another school if he wished the M.D. The crux of the matter was if the Carolina institution would grant the doctorate of medicine to the graduates of the Augusta school should they transfer and, after being examined, be "found worthy."[54] So the response from South Carolina was to be crucial to the life of Augusta's Medical Academy.

The South Carolina college turned a cold shoulder on the new school's request. Unless the Augusta school was on the same footing "with other Medical Institutions" in the country, the Medical College of South Carolina could not accept a year's work at the Academy as the equivalent to a term in Charleston. Nothing daunted, however, the Academy's trustees—most or all of whom must certainly have expected the rejection—decided to secure an alteration to the charter that would permit the school to offer a more ambitious course, increase the size of the faculty, and award the doctor of medicine degree. As the trustees put it, they determined simply to apply to the Georgia legislature "for an extension of the chartered powers" and for a new name.[55] In what appears an all but effortless fashion, the trustees petitioned the legislature and, on 19 December 1829, the requested changes were ready for Governor George Gilmer's signature. The Medical Academy of Georgia became the Medical Institute of the State of Georgia, and the trustees were now vested with the desired authority to grant the doctor of medicine degree. In addition, and in order to adjust their rules to the more ambitious

nature of the Institute, the trustees authorized a second year of lectures and approved doubling the size of the faculty from three to six.[56]

Although the school was not able to implement the second point until the academic year 1832–33, the trustees and faculty had served notice that they were serious about building a legitimate and recognized medical school on the banks of the Savannah River. As before, the key figure was Antony, who, along with Lewis DeSaussure Ford as dean, provided the kind of leadership that was essential for this experiment in medical education to succeed. With his wide contacts and ability to get things done, Antony stood out, but the quietly effective Ford, who was born in New Jersey and received his medical degree from the respected College of Physicians and Surgeons in New York City, also was instrumental in shaping the Medical Institute. Ford, who had Huguenot connections, also enjoyed a number of contacts in Charleston. Along with Garvin and Joseph Eve, whose degrees came from the South Carolina school, these men played the most important roles in the early history of Georgia's organized medical education.

It should be recognized too that these men, who had experience with national medical circles, must have known the Medical College of South Carolina would not accept the Academy's M.B. as an equivalent to a full-term course in Charleston. The founders seemed from the start to have aimed at creating a school that could grant the M.D. They may have feared that the full scope of the idea would seem too ambitious to a legislature absorbed with the potentially bloody Creek and Cherokee problems and captivated by the evolving political crisis between the forces of John C. Calhoun and Andrew Jackson. So the strategy of Antony and the founders may well have been to get some sort of legislation on the books, and later to concentrate upon expansion. In this light, the query to the Medical College of South Carolina comprised simply one step in the overall scheme to create a two-year institution. The plan, if such it actually was, worked to perfection.

The Institute looked with hope to the future. Three new faculty positions had been created, but it soon became apparent that although the school was now empowered to grant the M.D., the necessary money was not forthcoming to support the more broadly based curriculum and general program demanded by the Institute. From the session of 1830 through the session of 1832, basically the old Academy structure was followed.[57] The destructive fire experienced by the city of Augusta in

April 1829 may have put a damper on the Institute's leaders and, therefore, on any local money-raising campaigns. The city apparently came within an ace of complete disaster if a circular for aid sent throughout the country can be taken at face value. After starting "in a closely built quarter of town," the wind "rose to a gale" and spread the flames mercilessly. "About two hundred front houses, with their offices," were destroyed, so that "naked chimnies and smoking embers" characterized a city where more than fifteen hundred were homeless and damage ran to about five hundred thousand dollars.[58] Journalist James Stuart, in Augusta a year later, commented on the "great fire" that burnt much of the town "and many of their beautiful pride of India trees" that adorned the city.[59] The time was not ripe for expansion under such circumstances; retrenchment and recovery were more the order of the day.

Dean Ford, Antony, and Joseph Eve, who had replaced Garvin (he later returned to the faculty in 1839), kept the school going until 1832 when the trustees felt strong enough to expand into the Institute program. The inadequacies of the city hospital were, by then, only too apparent, but before anything could be changed the faculty situation had to be clarified. Therefore, at the annual meeting in the spring of 1832, the trustees asked for—and received—the resignation of the three faculty pioneers. The men were then reappointed, and three more faculty members were designated, thereby doubling the size of the teaching staff. In addition to Antony (midwifery and diseases of women and children), Ford (chemistry), and Joseph A. Eve (materia medica), the following new members were named: Louis A. Dugas (anatomy and physiology), Paul F. Eve (surgery), and John Dent (institutes and practice of medicine).[60] With the exception of Dent, who resigned after the 1832–33 term,[61] this group formed the nucleus of a faculty that dominated the fortunes of the College until well after the Civil War. Antony remained the dominant force until his death in 1839, and Paul Eve left the faculty in 1850 for a post in Louisville. With the later addition to faculty rank of Henry F. Campbell, George M. Newton, and Garvin, the medical elite that was to control the school for virtually half a century was complete.

It was considered an encouraging sign that twenty-seven students signed up for the academic year 1832–33 in response to the upgrading of the faculty and the curriculum. Here was what Paul Eve called the school's first course offered "as a college," and the first commencement was held in Augusta's city hospital, where four M.D. degrees were

proudly granted. The speaker for the occasion was the distinguished author, lawyer, and president of the board of trustees— later to be minister, newspaper editor, and college president—Augustus Baldwin Longstreet.[62]

Although the faculty and trustees of the Institute must have felt justifiable pride as they heard Longstreet's words and as they watched their students being awarded degrees, in like fashion they must have been horrified to look about and see the inadequate facilities available for instructional purposes. Men such as the Eves, Dugas, and Antony were not to be expected to put up with such conditions for long.

Owing to the scarcity of local funds for the kind of expansion envisioned by the faculty, it was determined to appeal to the state legislature yet again. A petition was prepared in which the name of the institution was altered to read the Medical College of Georgia, and direct grants in the forms of state appropriations and subsidies were requested. Augusta's city council was appealed to for aid, and the trustees of the Academy of Richmond County were asked to cooperate by deeding property to the medical school's trustees where a building might be put. The upshot of this broadly based campaign to place the institution upon a firm financial, educational, and physical foundation was an appropriation of ten thousand dollars from the state to be used to erect a proper structure; a conveyance by the Academy of Richmond County's trustees of a lot on Telfair Street as a site for the new building; aid in the form of scrip issued by the Augusta authorities to be used by the trustees of the College, who would now be changed (and paid) to care for the city's prisoners and indigent ill; and an informal campaign among the faculty that raised six thousand dollars to purchase a library and museum for the new building.[63] As Paul Eve pointed out, the College had been "liberally endowed" by the state in the form of land that could be sold and by a direct appropriation of funds. The city and also the Academy of Richmond County had signified their satisfaction with the way the faculty and the board of trustees had proceeded. The faculty virtually assessed itself to bring to Augusta the best books and visual aids that were available. Louis Dugas, with numerous contacts in France, was authorized by his colleagues to buy books and museum paraphernalia abroad. He returned to Augusta in September 1834 with the nucleus of a medical library and museum that were, by 1861, to grow into one of the largest and best holdings of its kind in the South.[64]

Every level of government from state to county to city was involved in these giant steps being taken by the school. Only rarely was such enthusiasm shown from the grassroots to the statehouse in Georgia. Faced with such an outpouring of good will, the executive committee of the trustees can be excused for dealing in hyperbole by saying, "never has an enterprise been so peculiarly favored."[65] No educational institution in Georgia, including Franklin College in Athens, enjoyed such general approval. The Medical College of Georgia stood on the brink of a period of real opportunity in 1834. It would remain to be seen what the institution, now a full-blown college after alteration of its charter, would do with this opportunity.

Chapter Two

The Faculty

Coming from Savannah by steamboat in August 1833, Swedish traveler and scholar C. D. Arfwedson commented that of all the towns in the South, "none, with the exception of New Orleans, has a more agreeable exterior, and inspires the stranger at first with a stronger idea of comfort and wealth than Augusta." He approved of the recent fires, which had required extensive new construction, but he was aware that the prosperity so apparent was owing mainly to an excellent location that brought to Augusta "its active and flourishing trade." Arfwedson was impressed by the "immense" cotton warehouses and stores that looked "not unlike arsenals at a distance," and by the bustle of Broad Street. No fops or dandies in Augusta, but only "decently dressed women, devoid of all coquetry, speculative merchants, loaded wagons . . . , close and shrewd farmers, saddlehorses without number, but no equipages." It was hard to believe that this busy city rested "in the center of a region but lately a complete desert," yet he also remarked that the unwary traveler heading west should "bid adieu to all comforts on leaving Augusta."[1]

The city was approaching its one hundredth year; it was a community with esprit and verve. Although it had not been capital of the state for a number of years, having turned over that honor first to Louisville and then Milledgeville, Augusta looked upon itself as the cultural as well as the economic leader of Georgia. Savannah, of course, disputed the claim, but Augusta possessed enough "firsts" to make a strong case for its priority.

In no field could Augusta be more certain of its leadership than in the area of medical education; the city had attracted a remarkable number of able physicians, many of them with degrees from the University of Pennsylvania. In addition to some of the names already referenced, mention might be made of Alexander Cunningham, first vice-president of the

Medical Society of Augusta and professor of theory and practice of medicine at MCG, 1833–38; John Carter, a charter member of the local Medical Society; John Dent, onetime faculty member at the College; D. Anderson Watkins, another leader in the movement to establish a local medical organization; Edward Brux; Milledge Galphin; and many others.[2] Nearly all of these men had roles of varying importance in creating the Medical College. Furthermore, their leadership in general civic and cultural affairs helped substantially to make Augusta the place where a medical school could not only be spawned, but would receive every kind of encouragement possible within the context of the times.

It is important to recognize that in the nineteenth century the process of medical education was more personal and a far simpler thing than it is today. It was also highly local in nature in that experience and attitudes centered on the individual faculty member and the immediate community, even if that professor had extensive training in the best schools and under the finest teachers America or Europe could offer. The best type of instruction, then, tended to be a blend of the highly provincial and the highly sophisticated, with the local element predominant. That locality and provincialism are not necessarily synonymous with narrowness or prejudice is best borne out by an observation of the kind of end product that this training produced. No one dreamed that medical education should be handled in any way other than on the personal, local level. Basically all American schools, from Pennsylvania on down, reflected the same pattern that became the *idée fixe* until the revolution unleashed by Abraham Flexner began radically to change the hoary face of medical education. Loyalties were stronger to institutions and personalities in those days than now, and many of the most meaningful ties were cemented as a result of the individual contact and constant attention that characterized the relationship between teacher and student.

All of this was particularly true in the antebellum period, but it was also a fairly accurate description of how most of the physicians of the country were formally educated until well into the twentieth century. The student and the professor-physician associated, for better or worse, far more intimately than is now the case. Not only did the teacher lecture and assess the work of the student under him—functions that are today frequently delegated to others—but the aspiring doctor often boarded at the home of a physician. He studied in his library, helped him prepare his

medicines, and ate at his table. And sometimes, even married his daughter. But the point is that early medical education in Augusta cannot be adequately understood without taking into account the intimacy of the teacher-student relationship.

The early faculty at the Medical College seemed, in some ways, to epitomize many of the best things for which nineteenth-century American medicine stood. Antony, Ford, Dugas, and Joseph Eve were modest men who banded together without self-gratification in mind, but they were also men of determination and skill. Paul Eve was more mercurial and flamboyant, but Newton, Garvin, Campbell, and Cunningham seemed more akin to the first group. But whatever personalities were involved, the relationships were held together by the will and drive of Antony. The first faculty seemed successfully to sublimate individual ambition for the good of the institution and for the good of medicine. In some aspects it may be that the overall leadership was of such high caliber and so relatively selfless because the school was new and there were no internal power structures to be consulted or placated.

Once the faculty was formed and a man had joined it, the tendency was for him to stay on. Joseph Eve, Ford, and Dugas, for instance, served for decades, and their teaching linked the Jacksonian years with those of the 1880s and 1890s. When Eve finally resigned from the faculty it was said that "he was the oldest teacher of OB in the world"[3]—a distinction of sorts, perhaps, but not the kind of person from whom innovative leadership or exciting teaching might any longer be expected. Dugas taught at the Medical College until roughly the same time, and Ford himself—advocate of advanced medical reform in the early days of the institution—actively held his position for fifty years.[4]

The academic and practical training of the early faculty showed considerable variety. Antony himself had no official degree; Ford's came from the New York College of Physicians and Surgeons; Joseph Eve and Garvin received their degrees from the Medical College of South Carolina, and both did apprenticeships with Antony; Dugas owed his degree to the University of Maryland, America's first proprietary institution; Paul Eve and George Newton had their M.D.'s from the University of Pennsylvania. Newton, who was dean from 1844 to 1857, was the only nonpracticing physician on the early faculty and "adorned" the chair of anatomy at the College for twenty years.[5] Because he devoted his life to the College he was, in a sense, its first full-time faculty member. The

quality of his instruction was outstanding, and he was a successful administrator. Newton resigned from the deanship and his professorship in 1857, in spite of the entreaties of the faculty and trustees that he reconsider.[6]

Newton, Paul Eve, and Dugas had extended and deepened their medical educations by periods of work in Paris, where much of the advanced research in medicine was being done. In addition, Joseph Eve's first medical course had been in Liverpool.[7] All of these men brought to Augusta a kind of experience and background that was surprising in its depth and must have inspired awe among the students at the College, most of whom came from rural Georgia or similar areas in South Carolina and Alabama. Alexander Cunningham, who taught at the College in the 1830s, was a native of that significant little Georgia town of Washington, the same place that gave Dugas to the College and sheltered the youthful Antony. Dugas and Paul Eve were both studying in France during the Revolution of 1830 and saw the troops at the Palais Royal as well as some of the bloodshed that followed. Dugas had been in the French capital on July 4 the year preceding, and had dined with LaFayette and a group of Americans to mark the holiday. The old leader had made a "little speech," after which the Americans drank toasts, "ate well," and enjoyed a reading of the Declaration of Independence.[8] The early faculty was a surprisingly up-to-date, well-traveled, and sophisticated lot, especially considering Augusta's relative isolation in the Georgia backcountry. They were serious about their research and their medical practice, but they were serious about their teaching, too.

All of these men took a full part in the affairs of the Augusta community. Lewis D. Ford, an active Whig, twice served as mayor of the city and had been an effective member of the city council prior to that time. Garvin was elected mayor in 1848, and later served as treasurer to the city. Joseph Eve had also sat on the council, but Dugas was the most active of all. He was "repeatedly" elected to council, and was a trustee of the Academy of Richmond County for "about forty years," chairing the group much of the time.[9] The faculty also served on many local boards that concerned themselves with public health and allied matters.

The physicians-professors at the College also composed the most important voice in the affairs of the local medical society, and the chief executive officer of that organization was more often than not affiliated with the school. As for Antony, it will be recalled that he not only helped

in a vital way in the formation of the Medical Society of Augusta, but that he and a few other physicians pushed for—and secured—the appointment of a State Board of Medical Examiners in 1825. When he was unanimously chosen the board's first chairman, it was a surprise to no one.[10]

The faculty at the Medical College did not draw the line at the city or county in medical-oriented affairs. In even the briefest of surveys it should be noted that Dean Ford, whose attempts to bring about national reforms in medical education have drawn the attention of scholars, was a founder and became the first president of the Medical Association of the State of Georgia.[11] In spite of his administrative duties, his wide-ranging interest in medical reform, and his own private practice, he still offered courses with great appeal for the students. Henry F. Campbell presided over the state society in 1871, and was a member of the Georgia State Board of Health when it was constituted in 1875. Joseph Eve was also a founder of the state medical society, and he too became president of the organization, elected in 1879.[12]

The indefatigable Dugas substantially helped Antony get the Medical College off the ground. Although Antony was Dugas's senior by some twenty years, the latter apparently bluntly told the College's founder that he would join the Augusta medical academy and institute movement only if the result was to be the formation of a full-blown college—a proviso to which Antony readily agreed.[13] In this light Dugas should also be seen as a founder. In his busy career, spanning two wives, a number of children, a large private practice, and heavy involvement with public service and educational enterprises, Dugas somehow found the time to be the chief executive officer of the Medical Association of Georgia on three different occasions. He richly deserved the honorary degree awarded him by the University of Georgia in 1869.[14] Eugene Foster, one of his students at the College and later himself dean of the school, recalled Dugas fondly. His "hospital lectures abounded in satire of medical quackery," but he was also fearless in opposing Georgia's secession in 1861 as being antithetical to a state's rights within the union.[15]

Newton, whose wealth, position at the Medical College, and work with children at the local orphanage offered him an economic and political role to play in Augusta, preferred his deanship at the College and his private local charities to either professional or public officeholding. But Paul Eve and Campbell, the latter a graduate of the class of 1842, most

emphatically propelled themselves onto the national as well as the local and state scenes. Eve has been called "one of the leading teachers" of his day, and "the leading teacher of surgery of the South."[16] With degrees from Franklin College in Athens and from Pennsylvania, he was determined to make his mark—and he did. In the period of the Byronic hero in Europe, Eve became enmeshed in the efforts to liberate Poland in the early 1830s, was captured, and was fortunate to escape alive from eastern Europe. His militancy and romantic bent later took form during the Seminole and Mexican wars, both fought when Eve was in the chair of surgery at the Medical College. Although he became Georgia's first native-born president of the American Medical Association in 1857–58, he had left his post at the Medical College by that time after an eighteen-year stay.[17] He is said to have authored in excess of six hundred articles. The intensity of his commitment, which carried over into his teaching, meant much to those who studied with him.

Campbell, whose mother was Joseph Eve's sister (and therefore a cousin to Paul), was no sluggard himself. In addition to local and state positions in medical associations, he was a "pioneer in preventive medicine" who was "well in advance of his times." He won prizes for his research from the AMA, and later became president of that national organization.[18] As a teacher he was much admired, too; his lectures seemed particularly fresh owing to the fact that he did not speak from notes. In 1849 he and his brother Robert founded the Jackson Street Hospital to tend to the surgical needs of Negroes in the vicinity. He was one of the founders of the American Gynecological Society in 1876.[19]

And so it went. The early faculty at the Medical College were interested in most facets of local, state, and national life. To reach the conclusion that the medical profession in Augusta was losing influence and prestige, as seemed to be happening throughout much of the country in the 1830s, would apparently be in error. The physician-professor at the Medical College of Georgia was, in fact, a very important man in his community. If being elected or appointed to positions of influence is a guide, then these men were at the top of the power elite in Augusta. Two of the faculty served as the city's mayor; a number were on the council, one of them (Dugas) for many years. These physicians served on other boards and commissions, and dominated the leadership cadre of the local medical society. Dugas, whose proprietary eye was always looking for ways to protect MCG, oversaw its destinies from his vantage point in city

government. He also worked for it in his capacity as trustee (and often president) of the Academy of Richmond County, MCG's closest neighbor and leaseholder of the property on which the main building of the medical school was built.

That the families of the faculty were looked upon as social leaders of the community almost goes without saying. Although the physicians in Augusta had not accumulated great wealth by the time of the outbreak of the Civil War, they must certainly be regarded as well-to-do. Slave and land ownership is one gauge by which to judge wealth, and although no physician at the College could be styled as a really large owner of either slaves or property, it should be recalled that these were basically urban men who lived in the city, usually within easy walking distance of the Medical College. The slaves were therefore primarily held for domestic and household work.[20]

The Augusta physicians associated with the Medical College during the antebellum period were, then, a group of aggressive, ambitious men determined to do well. Like Antony, who provided them with their early model, they were not afraid of hard work. They expected results, however, and were not above seeking public (or private) office to bring these results about. Their personal backgrounds, just as their educations, varied widely, but they seemed to work together harmoniously. Indications are that they performed as competently in the classroom as in the council chamber. The students, in fact, seemed all but to worship these men (although there were, of course, exceptions to the rule). Along with a few other names prominent in the antebellum medical history of Georgia such as Richard Arnold in Savannah, Tomlinson Fort in Milledgeville, and Alexander Means, the professors at the Medical College of Georgia were men to be reckoned with in Georgia before the Civil War.

The professors at the Medical College were not only aware of the ebb and flow of forces affecting medical education, they were also determined to have an impact on the direction that education should take. Given the almost inspirational character of Antony's appeal, it must be granted that he had taken a situation with intellectual potential and developed it into reality. And with men such as the Eves, Dugas, Ford, Garvin, and Newton in immediate proximity, it was not strange that ideas came thick and fast. But one person had to act as director and interpreter of such stimuli, and that was Antony. He had already shown foresight and

sensitivity in causing the College to be established when, where, and how it was; now it was probably his idea to go beyond Georgia's bounds with innovative suggestions aimed at an alteration of American medical education generally.

To Antony and to the College's quiet but able dean, Lewis D. Ford, American medicine was in a sad plight. The reputation of the orthodox physician had never been lower; the Philistines were at the door. Thomsonianism and other medical heresies threatened. There was much soul-searching on the part of the allopath, who saw his degree from a medical college as the main thing setting him apart from his uncouth, unlettered botanic rivals. But more and more the degree was cheapened by careless or unorganized academic practices. Casual or sloppy professors, nonexistent libraries and laboratory facilities, entry requirements shaped to meet the lowest common denominator, repetition of the same set of lectures each year, and absurdly short terms resulted in a product defective in many particulars. Worst of all, so-called medical colleges seemed to be popping up across the country like mushrooms. Therefore Antony, Ford, Dugas, and the Eves—all of whom knew their way about in national medical circles—embarked on a project that might be thought incredibly ambitious for a new school from rough-and-tumble Georgia. But it was a project these men hoped, in their idealism, would change American medical education and, hence, American medicine.

Paul Eve laid the groundwork in a letter to the editor of the *American Journal of Medical Science,* published in May 1834, outlining the steps taken by the Augusta physicians to establish an effective college. The success of the school was cited and an ambitious lengthened term was used to illustrate the fact that the Augusta authorities were serious about quality education. Other achievements at the Georgia school included plans for a first-class physical plant—perhaps the equal of any other such facility in America. These developments reflected the climate of opinion in Georgia, where, Eve said, the Thomsonians, instead of being on the offensive, were "ridiculed" in the legislature.[21] The implication was that it was the new and vibrant Medical College, with its extended academic term and its emphasis on thorough educational planning, that caused Georgia to be peculiarly effective in resisting the botanic blandishments of the herbalists.

In fact, the Medical College was on the brink of abandoning its efforts toward a lengthened academic year. The school had tried, since 1830, to

make its six-month term the norm instead of the traditional four, but the experiment was taking its toll. Many students apparently said they preferred the longer term, but when it came to a choice between the six- or the four-month school year, a distressingly large number took the latter option. Enrollment fell and, as Goodrich put it, the professors' lectures were increasingly directed to empty seats.[22] So in spite of the brave words by Paul Eve in spring 1834, and partly owing to an outbreak of cholera in Augusta later in the same year that held registration to a precious few, the decision to conform to the standard short term was actually in the offing. But Dean Ford and his colleagues decided on a final plea to the other American medical colleges to stand up for a system the Augusta institution thought to be superior.

MCG's appeal took the form of a circular letter from Ford to the fifteen most outstanding American medical schools recommending that they gather at a national convention to be held in Washington. There the representatives could exchange ideas and talk over their mutual problems to see if an understanding might be reached concerning the establishment of uniform norms for medical education and practice.[23] Owing to his preeminent position, Pennsylvania's Dean W. E. Horner was to have the prerogative of determining the number of delegates each school should have at the convention.[24]

In the words of a recent scholar of the medical scene, the Medical College's bold step "was almost completely disregarded."[25] It was particularly given short shrift by Pennsylvania, whose approbation in the suggestion was absolutely necessary. Ennui and adherence to the status quo probably actuated the officials at the country's oldest medical school to torpedo the Augusta effort at organization and reform. But though Ford and the Medical College failed to produce tangible results in these efforts, history has recognized the validity of MCG's claim to a role out of proportion to its age and importance in the movement that only a few years later led to the formation of the American Medical Association. Norwood wrote that Pennsylvania's negative attitude and the silence of the other schools "nullified the efforts" of the Medical College "to elevate standards" for the profession to follow.[26] Even at the time, Joseph Eve said, with withering disdain, that those who refused the reforms wanted no true profession, but "a mere *trade*" to achieve but "an ignoble mediocrity." The Georgian was incredulous. But, in order to be com-

petitive, the Medical College found it expedient to abandon the long term and go to the four-month academic year like the other "leaders" in the field of American medical education.[27]

For the Medical College of Georgia to achieve equality or even, perhaps, superiority in certain fields of medical education, it had to have an adequate physical plant for its classes. Space was at a premium in the City Hospital of Augusta, and yet it had been the site of Antony's Academy, and had housed the Institute as well. With its status as a college offering a two-year program, and with its power to award the M.D., the institution's leaders sought the individual, community, and statewide support that they felt would be commensurate with the school's new importance. The upshot was an outpouring of generosity from all levels that resulted, after no few ups and downs, in the Medical College formally receiving its graceful Greek revival structure—although not without misgivings and an empty treasury—in mid-1837.

The trustees and faculty originally contracted enthusiastically with Charles Cluskey and Alexander Martin, in March 1834, to provide them with an appropriate structure for use as a medical college. But by the time the building was finally accepted and the last bill paid, both the designers and the College's officials had completely lost patience. Because the trustees of the school anticipated unrealistically that the work would be finished by March 1835, temporary quarters in Augusta's city hall had to be found for the disgruntled professors and their disgruntled students when it became clear the commission would be nowhere near completion. A year later the roof of the new building was leaking like a sieve, the plasterwork was only partially completed ("trifling progress" only, reported the trustees), and there was no basement as stipulated in the agreement with the builders. The structure presented an impressive appearance and was usable, but the incidentals of workmanship left much to be desired. Cluskey was off in Milledgeville doing other work, it seemed. New frames and sashes for the skylights in the building were necessary in 1836–37, and in the spring work on the gutters, locks, window blinds, well, and pump was all still incomplete. Dugas apparently took affairs into his own hands, at least where the well was concerned, and by midsummer some of the major structural deficiencies had been ironed out. A pared-down bill was paid, with sighs of relief on both sides. During the same summer the trustees built a small wooden building

behind the chief College structure to be used primarily for dissection. This helped free the main building of a storage problem and of offensive odors at the same time.

The experience with Cluskey and Martin had verged on the traumatic, but the end product, although not without major flaws, was considered one of the handsomest structures in the state. It gave the school an immediate "image," and served the institution well until its abandonment in 1912. At that time the property reverted to the Academy of Richmond County, the land having been deeded to the Medical College only as long as it was to be used for purposes of medical education. But when first put to full use, the original Medical College building provided the youthful Augusta school with a physical plant that may have been as good as any in the South. Mahogany balusters and a striking central rotunda were the dominant interior features that impressed the visitor. The library and reading rooms flanked the main entry, but this floor was dominated by the lecture rooms, which could, apparently, be made into one large hall for special occasions. On the second floor a laboratory extended across the north front facing Telfair, and on the east side was the museum with a small preparation room to the rear. On the west side was the anatomy professor's lecture room featuring at least one skylight, which unfortunately let in rain as well as sun. The dissecting rooms were originally designed for the basement, and the cadavers were to be stored there as well, but the new wooden building freed this space for other kinds of uses and storage. Five privies graced the back yard. At the turn of the century an additional lecture room, which may have been a wooden structure faced with brick, was added to the rear of the building and did much to mar the delicate symmetry of the old structure. This distinguished Cluskey building served MCG for three quarters of a century, and served it well.[28]

Chapter Three

MCG to the Death of Antony

As seen earlier, Joseph Eve spelled out some of the general problems besetting American medical education in the 1830s, including short sessions and courses, poor early preparation on the part of the student, and the "paucity of branches taught." Eve ambitiously stated that lectures should "be continued through the whole year," with but a one- or two-month vacation break. More variety should be required, and the course for "the Doctorate" should be "at least four years' attendance."[1]

In the faculty's efforts to reform medical education it tried to do all within reason to improve conditions, but little or nothing could be done about the quality of student applicants. No rigid entrance requirements could possibly be set as it was long before the period of the public school system—or *any* organized statewide system with uniform standards for that matter. Even Eve, who was fairly specific as to his ideal for medical education, could only generalize on the issue of entry requirements. "No student should be allowed to matriculate, or to be enrolled as an eligible candidate for a degree who could not stand a creditable examination on the studies prescribed."[2] And yet the Medical College found itself relying, for student evaluations, upon letters of introduction and recommendation from known figures within the traditional medical profession. It must be true as well that the faculty had a wide system of personal contacts and acquaintances that played an important role in securing students for MCG.

The College was a pioneer in its effort to lengthen the sessions, but the institution also compared favorably with other American medical schools insofar as its curriculum was concerned. In the middle years of

the nineteenth century the basic preclinical subjects were usually considered to be anatomy, physiology, and chemistry.[3] In Augusta, these subjects were covered during most of the antebellum years by Ford, Newton, Dugas, H. V. M. Miller, and Alexander Means, a lineup with impeccable credentials. As for the advanced and clinical subjects, those considered of prime importance were surgery, medicine, pharmacy, therapeutics, materia medica, obstetrics, and the diseases of women and children. Sometimes medical jurisprudence or forensic medicine was included. Paul Eve, Ford, and Dugas handled surgery and medicine; Means, Charles Davis, and Joseph Jones offered pharmacy; and Garvin specialized in therapeutics and materia medica. Joseph Eve did the honors with obstetrics and the diseases of women and children. Pathology as an academic discipline was in its infancy, but Ford offered medical jurisprudence as one of his specialties. Bacteriology and pharmacology were in the future, as were many of the disciplines that go to make up a modern medical school, but the institution in Augusta possessed the resiliency, at least in the antebellum period, to create a new chair when a person of exceptional merit appeared. Henry F. Campbell, a graduate of the College in 1842 at the tender age of eighteen, was first incorporated into the staff as a demonstrator of anatomy. In 1854 the professorship of comparative, surgical, and microscopic anatomy was instituted for him—a position he filled until Newton's retirement, when Campbell simply assumed the chair of anatomy that Newton had held for so long.

In spite of impressive records by other institutions as well, many historians of medicine still feel that, when all the factors are taken into account, no medical school in the country equaled the best foreign schools.[4] Among American schools, though, students at the Medical College were especially fortunate to have the extent of clinical exposure that they did. The College's agreement with Augusta to handle the indigent ill worked to the benefit of the city, the College, the faculty, the students, and presumably the patients as well. The Campbells' Jackson Street Hospital deepened and refined the quality of this clinical experience.

The professors at the Medical College held their seats "during good behavior," with review of each member possible every five years. Any member, however, could be "subject to impeachment and trial" at any time if the charge were found to be serious enough. The College's bylaws were altered in 1837 to make clear that it was the trustees who named the faculty. However, it was also conceded in the new bylaws that the "Title

and duties" of those named by the trustees "shall be determined by the Majority of said Faculty."[5] Essentially the faculty was a self-controlling body. The trustees did not ordinarily meet more than two or three times per year, and then at the end of term primarily to hear the dean's report, audit expenses from the past year, conduct student exams, convene for graduation, and award diplomas. In addition, faculty members were nearly always trustees as well. Because they were Augusta residents, they could attend meetings of the board without the inconvenience that might be associated with other trustees who had to come long distances. Usually the presidents of the major colleges in the state were also members of the board for obvious reasons, but it was clearly the faculty contingent that controlled overall policy.[6] The faculty, composed of men with high ethical and professional standards, did not abuse their power and, administratively speaking, the Medical College ran smoothly in the years preceding the Civil War.

The question of College fees was a tricky one. Although it is not true to say the faculty offered its courses primarily for the money involved, it *is* accurate to say that these physicians were also dabblers in capitalistic business and agribusiness enterprises and were not opposed to increasing fees in order to bring larger returns from their academic investments. Without the circulars and instant communications of today, schools sometimes found themselves losing students to other institutions without knowing why. Therefore, before a fee increase was made, it was usually thought best to check with neighboring schools to see what their policies might be. For instance, Dean Paul Eve wrote the Medical College of South Carolina in 1837 to ask "the expenses of the students in attending a full course of lectures." Dean Henry Rutledge Frost answered promptly from Charleston, and the Medical College faculty immediately voted to alter fees to bring them in line with those charged in South Carolina. The new schedule was $120 for a full course of lectures, a $3 matriculation fee, and a $30 diploma charge. By 1853, the charges had been altered somewhat, but the sum total was substantially the same. An entire course cost $105 and a matriculation ticket $5, $10 was the charge for practical anatomy, and the graduation fee remained $30.[7]

Thanks to Dugas and to the generosity of the faculty, who put up about one thousand dollars each, the Medical College of Georgia had one of the better libraries and museums associated with a southern medical institution. Dugas's trip to France in 1834 in order to purchase books and

exhibits for the museum was exceptionally productive, and he was able to return over one hundred dollars to the faculty after purchasing what he considered to be a fine basic medical library. He picked up additional books the following year from the estate of Dr. William Savage. With an adequate room to house these volumes in the new building and a place set aside for museum space and reading as well, the Medical College could boast an atmosphere that was conducive to study and learning. Dugas acted as the librarian, and a record book in his hand dating from 1840 still survives. Faculty members could take books out of the library, but the maximum checkout time was ten days. Students were begrudgingly permitted to carry volumes from the room, but only for five days and upon deposit of ten dollars with the librarian as surety.[8] With that kind of fee, and knowing the impecunious nature of most students at the time, it is a good guess that few students actually carried books from the stacks—legally at least. The library was well stocked from the beginning, and from the earliest days carried a good complement of both foreign and domestic medical journals. As for contemporary books on medicine, the Medical College appeared to have kept what would amount to the modern-day equivalent of a "standing order" for the most recent publications.[9] It seems safe to say that if Norwood is correct in estimating the size of the average medical college library at three hundred to fifteen hundred volumes,[10] then the Augusta school, with a collection that held five thousand volumes by 1860, had one of the better medical research and teaching libraries in the country.

In addition to attending classes, performing his clinical duties, and standing exams, the aspiring physician at the Medical College also had to write a thesis before he was awarded the elusive M.D. It was stipulated from the start that the subject should be one "properly belonging to the Science of Medicine," and that this exercise must be "written and composed" by the student.[11] There was never any idea that the paper was to be a work of primary research, but neither was it to be simply a slavish copy of another person's labors. Usually these dissertations were written in Latin. In 1835, John McKinne's thesis was reported to the faculty "as an almost literal transcription from the works of Samuel Cooper." A resolution was adopted stating that as McKinne was "evidently guilty of plagiarism," he was to be removed from the list of candidates for the degree. At an interview requested by McKinne the student "only acknowledged the charge & in turn charged the Faculty with injustice &

ungentlemanly conduct in not having informed him sooner." But the faculty would not reconsider its resolution, particularly in light of the student's countercharges. A few days later McKinne had mulled over his predicament and in a "communication" to the faculty "apologized for the offensive language" he had used earlier in their presence. He asked for another personal interview before commencement and promised to have an acceptable thesis to present to the officials. However, the faculty felt that considering the principles involved, it "cannot consistently consent to grant Mr. McKinne's request."[12]

Occasionally a student would bring his girlfriend to the Medical College to sit in on the lectures, and the professors "frequently opened their discourses to the public."[13] Vandalism was a problem then as now. Paul Eve found it necessary to speak to the rector at the next-door Academy in January 1838 about the "trespassing upon the premises of the College, and that today without provocation they broke the windows of the College Building."[14] A leaky roof and faulty skylights were bad enough without this latest indignity.

With its proud new buildings giving the Medical College a local, state, and even national image, and with enrollment increasing, the school's officials found that they had to uncover a reliable supply of dissecting material. Such was never an easy job at a time and in a society that looked upon both dissection and anatomists as anathema.[15] Newton and Ford found a person who could act as the Medical College's "resurrection man," and he apparently served well enough. Certainly his charge for cadavers—seventy-five cents per body—could hardly be considered extortionate. But this man, whose name was Clegg, tended to have "drunken excursions" that "were an occasional source of trouble" and were an embarrassment to the school.[16] Often subjects had to be brought in from out of town owing to sensitivity in the local community. In 1839, for example, the Medical College ordered one hundred dollars worth of cadavers from New York. The bodies were shipped in brine by boat to Charleston and were then loaded aboard the Best Friend of Charleston for the overland journey by rail from the Carolina port city.[17] The College resorted to Baltimore in 1842 for its cadavers.

Owing to a number of pressures in the late forties and early fifties, MCG officials found it more and more difficult to provide their students with the minimum sixteen bodies per term needed to do a proper job in the anatomy course. Several resurrectionists were pressed into duty to

provide the institution with what it wanted, but the price per cadaver had risen to an appalling five dollars per body. Perhaps more than anything else this actuated the Medical College to buy a slave whose myriad duties would include providing the dissecting room with appropriate material. In 1852 a Gullah black named Grandison Harris was bought on the block in Charleston for $700; six years later Harris's wife and son were bought for $1,250, and the family was reunited.[18] With his purchase the problem of proper subjects for dissection was substantially solved for the antebellum years, and the influx of impoverished Negroes to the city after the war (with the attendant high death rate) meant that material for the dissecting room would continue to be relatively easy to uncover.[19]

In spite of the small size of the graduating class of 1836 (occasioned partly by the cholera epidemic in town in 1834), the relatively long course required by the Medical College, and the cramped city hospital facility, the spirit of the faculty and students seemed optimistic.[20] Entering class enrollment in 1835 was the highest yet at forty-seven, and two new professorships were added. So in spite of having its overtures at medical reform rejected on the national level, Antony and his colleagues determined to persevere. Personal contacts and direct correspondence to other medical schools had not succeeded, but if the College sponsored and printed a first-class medical journal it might yet get its message across. Therefore, the tireless and ambitious Antony got busy once again. The upshot was the birth of a scholarly medical journal that, although not the oldest in the South, was the longest lasting and the most aggressive of antebellum southern medical periodicals. The *Southern Medical and Surgical Journal* (*SMSJ*) first appeared in June 1836 and, except for the years immediately following Antony's death, published useful and worthwhile articles on subjects appropriate to the physician's profession until the Civil War ended the first series. The magazine was revived in 1866, but as so many other things in the South, it was to be a victim of that particularly destructive conflict.

Antony, of course, was the first editor, and under his guidance the journal assumed a rather reformist stance. For example, after having failed in the attempt to reorder American medical thinking from the top down, Antony recommended in August 1837 that the best way to get things accomplished in medical circles might be to work for the creation of effective local and state societies. They, in turn, would ultimately bring pressure to bear for a national group to establish uniform standards of

practice and schooling. Antony was annoyed at the medical students for not demanding the best, but he was even more disillusioned by his old alma mater, Pennsylvania, which pretended to be high-toned but, in reality, was not.[21] It is impossible to look upon the opening lecture in 1837, the completion of the Cluskey building (at least to the point where the chemistry laboratories and anatomical museum were available), and the appearance of the new magazine as indicating anything other than that the Medical College had achieved sectional eminence in a remarkably short period of time.

And who could say that the College, with broadly based support from a state that was only just beginning to flex its financial muscles, might not aspire to and reach national prominence? One who has studied the situation extensively concluded that the Medical College, in spite of its youth, stood out from the crowd by 1837. Its position on a longer term to provide "more time for anatomical demonstrations and study" was laudable, but even more noteworthy was its large and able faculty. Both in quality and quantity the Augusta school "compared favorably" with those in the North by the late 1830s.[22] This sense of excitement and perhaps even of mission shared by both faculty and student body was amply reflected in Dean Paul F. Eve's annual report to the board of trustees. With the "flattering addition" of nearly forty new students at the beginning of the session, the permanence of the school was assured. More than that, the quality of the students was so good as to "elevate its [the Medical College's] character in the South." The "assiduous application to study" and the "uniform correct deportment" of the matriculants "and their indefatigable attention to the duties & courses of Lecture . . . are without a parallel in the history of the Colleges of our Country."[23]

World traveler James Silk Buckingham arrived in Augusta about the same time Eve made his remarks, and he waxed eloquent over the community in which MCG was located. It was a "great centre of banking operations and exchange," and exuded wealth.[24] The town was "handsome," the country surrounding was "picturesque," and the people "intelligent, hospitable, and agreeable." He predicted "great future opulence," and figured that there may not have been a city of comparable white population in Great Britain with "so much of wealth, industry, and enterprise, combined with such excellent public and private buildings, and means of education and improvement, as Augusta."[25] A. B. Longstreet had, but a few years before, "seen the first railway train make its

epochal approach to the city,"[26] but by now Augusta, with the Georgia Railroad taking the lead, was spearheading the move that was to make the town a railway center and a transportation and communications hub for northeast Georgia. Although Dean Eve's effusive remarks seem overstated to those vested with hindsight, there is no evidence that he—or Buckingham—were accused by contemporaries of exaggeration.

Yet there were little indicators that all might not be as glorious as the optimists maintained. For one thing, the Thomsonians and eclectics attacked the allopaths throughout the 1830s with growing impact and effect. Their object was to secure the repeal by the Georgia assembly of all or part of the Medical Licensing Act of 1825, a piece of legislation upon which the physicians with traditional degrees put the greatest store. An effective and, presumably, influential pamphlet was put out in 1835 attacking vigorously—and with some literary skill—the legislature for permitting the retail sale of liquors. While for a five-dollar license fee a person could have permission to kill with liquor, at the same time "the wise men of the State" deny the right of "the Botanical practitioners, to heal the diseases which they themselves are partly instrumental in producing."[27] Consistency dictated the repeal of either "the Medical Bill" or the licensing act. Alcohol was termed a disease that would turn Georgia "into a land of sepulchres," but the state was lauded for its support of the botanical garden and the professorship of natural history at Franklin College in Athens. Because botany seemed an acceptable form of study in this area, a student might question why someone should be fined and punished for practicing botanic medicine or for doubting "that Calomel, is the tree of life, bearing twelve manner of fruits, whose leaves are for the healing of nations! Oh shame! where is thy blush!"[28] More effective politically, perhaps, was the same pamphlet's comment that although the politicians raged against the North's protective tariff, in essence the Medical Act of 1825 was precisely that for the allopaths. "Are the people capable of selecting the Governor and not their Physician?"

The Thomsonians triumphed in the following year, and the 1825 legislation was one of the victims of the democratic leveling movement of the times. The botanic doctors set up their own school at Macon, got a state charter, and ultimately created a "Board of Medical Examiners" to police those who wanted to practice that branch of medicine; even the pharmacists had to secure licenses from the botanic board if they wanted "to handle eclectic remedies."[29] The point is, however, that the botanic

school of thought was counterattacking the traditional medical men, and was succeeding in winning back positions conceded in earlier skirmishes.

The summer of 1839 was an exceedingly dry one in Augusta. The Savannah River was so low at one point that drays and other vehicles were driven across it to the Carolina side. Henry Shultz, entrepreneur and founder of Hamburg, located across the river from Augusta, who must have been something of a wag, planted a crop of turnips in the riverbed, and they had nearly matured when finally they were flooded. Far more serious was an outbreak during the hottest part of the summer of Augusta's first yellow fever epidemic. Initially the city authorities were reluctant to admit the nature of the illness, but soon they had no alternative. Many left town for higher ground—the nearby village of Summerville or the mountains—but others decided to wait out the siege. All told there were well over two thousand cases of fever reported, and many more may have gone uncataloged. Until stopped by a hard freeze in the fall, the disease, which was wildly misunderstood at the time, played havoc with the town. The public blamed atmospheric conditions, spoiled tropical fruit, or contagion from the infected for the long bout. Most of the informed, including some of the physicians at the College, gradually concentrated their attention upon an enormous trash dump near the northern part of the city that had been accumulating since 1834. Eugene Foster estimated that the dump was as large as two hundred thousand cubic feet by 1839, and that most of it was exposed because of the low water. The foul odors and noxious vapors coming from this refuse heap were thought by the professors at the College to have caused the disease. Dugas was the only real dissenter; he correctly surmised that the infestation was brought into Augusta from Carolina,[30] but he did not understand the key role of the aëdes mosquito in the disease. Ministers and physicians worked night and day tending the sick and dying. As were many others, the Longstreets' house in Summerville was open to anyone who wished to take refuge there. A. B. Longstreet himself, a Methodist preacher, worked in the beleaguered city throughout the epidemic. He and Father John Barry of Holy Trinity Church, who had been only on polite speaking terms before, became close friends and even began praying together with the dying. Thus a city was brought closer in adversity.[31]

During this scourge the Augusta physicians, headed by faculty at the

Medical College, did what they could to treat the malady and alleviate the sufferings of the infected. Milton Antony, characteristically, was in the forefront. There he was smitten by the disease and, on 19 September 1839, he died.[32]

It is difficult to assess the impact of Antony's death on the Medical College. It could not but fail to feel a tremor run through its institutional vitals. However, there was never any question of whether to go on. Although the opening of school was delayed that fall, it was not owing to Antony's death, but to the yellow fever that still plagued the city.[33] A controversy surfaced among the faculty between the forces of Joseph Eve and Ignatius Garvin, Antony's son-in-law, on the question of who succeeded to Antony's chair, but the difficulties were ironed out relatively simply. Both men stayed on the same faculty the rest of their active lives. Eve took Antony's old chair of obstetrics, and Garvin filled Eve's position in materia medica.

Dean Ford's report to the trustees in the spring of 1840 summed up the College's year of deadly challenges best by saying that "the melancholy & afflictive visitation" of fever had cost the institution and the city not only Antony, but had caused a two-week delay in the opening of classes. Even then only four of the faculty were present and able to teach—the other three were exhausted and were recovering from the long hours and killing labor associated with treating so many sick people. Student registration fell. A crisis of serious proportion faced the school, but gradually the difficulties were overcome. As for the Medical College of Georgia, "nobly has she come through it [the crisis], unscathed by the fiery trial, and proved herself established upon a broad and solid foundation."[34]

But whether entirely unscathed was not then known. Antony had provided the insights and the sparks that got the faculty together and molded it into an effective teaching body. His were the organizational skills and the drive that created the Medical College and were able to inspire those around him to sublimate their individual ambitions to the collective whole. His eye was also fixed upon the overall American scene as well as upon the local; he aspired to national eminence for the faculty, the student body, *SMSJ*, and for the College in general. It would remain to be seen if a leader of Antony's quality would surface and keep the College's forward momentum going in future years.

Chapter Four

Maturity and Sectional Eminence

That the Medical College of Georgia survived the death of Milton Antony and prospered during the next two decades is a tribute to both Antony and the College. The number of graduates of the school increased from eighteen in 1841 to the high thirties by mid-decade and exceeded fifty for the first time in 1848. The 1850s saw the number settle near fifty medical degrees awarded each year, but in 1856 the graduates numbered over seventy—a figure not reached again until 1950.[1]

But quantity itself means little. More important than numbers is the fact that the College gained academic stature during this period. It became a leader in southern medical education—a statement attested to by the College's role in the forefront of medical reform, research, and publication. Its students during this period, although overwhelmingly drawn from the South, also represented more of an academic cross section than might have been expected in an inland town such as Augusta and at such a recently established school. The quality of the faculty was understood to be of high caliber; the relatively young men who had banded together in the youthful idealism of the 1830s were in the prime of their maturity by the 1850s. The College's museum and library were outstanding, and its opportunities for actual clinical experience eclipsed those of many of the older schools in the North. As Norwood has written in his *Medical Education in the United States,* the College at Augusta served not just Georgia, but "the South at large." Considering that the school grew from an enrollment of fifty in 1833 to one three times that large by 1850, that roughly one-third of the students enrolled hailed from states other than Georgia, that the quality of the faculty was high and the clinical exposure

more than ample, Norwood deemed it "safe" to conclude that the Medical College of Georgia "compared favorably in many respects with Northern city schools."[2]

Still, it was only appropriate that the College open the new decade of the 1840s by looking backward and doing honor to the fallen Antony. The faculty voted a monument to be put over his grave on the College's grounds, and the family approved the idea of placing a tablet in Antony's "lecture room" as well as "a plain slab over his remains in the College yard." In 1846, Garvin and Paul Eve were appointed to see to the placement of an iron railing around Antony's grave.[3]

The prominent and distinguished Alexander Means came to the position of chemistry and pharmacy in 1841. The school felt that the occasion was important enough to be recognized in an especially understated fashion. In the *Annual Announcement* of the College for that year, it was written that Means's "high reputation . . . supercedes the necessity of adding anything to the announcement of this important acquisition to the Institution."[4] By putting Means on the faculty the College added one of the best known medical men in the South.

Now that the faculty was becoming more secure in its own mind as to the capacity of the College as a teaching institution, individual members began to take stronger positions on controversial topics. Dugas, for example, while admonishing the graduates of 1841 to remember the College that "looks upon you as her jewels," also felt comfortable in attacking the physician who resorted to prescriptions at the drop of a hat. Too often such practices led to what Dugas called "*heroic* medicine," a system that teetered on the brink of "cure or kill." If you are uncertain, he counseled, watch and observe carefully until you have the proper information upon which to act. Rather than jump into a situation you do not understand, "seek and hoard up facts with the zeal and prudence of a miser."[5] The following year saw Henry Fraser Campbell, later to join the faculty and to head the AMA, graduate from the College; in 1843 and 1844 medical degrees were awarded to nearly 40 young men each year. When it is considered that only 18 received degrees in 1841, and that the total number of students at the College had almost doubled (from 73 to 140), an index of the prosperity of the school can be taken.

And yet there were many difficulties, too. Finances, as usual, plagued the institution, and there were fears that the College's pride and joy—its

handsome new building—might have to be mortgaged. Furthermore, Augusta herself, although pronounced "thriving" by the Scottish minister George Lewis in 1844, may not have been quite as prosperous as it seemed. In fact, John Wade has characterized the whole of "Middle Georgia" as being in various kinds of decline by the 1840s. Gullies, bogs, or "bald hills" stood out as mute testimonials to the incredibly wasteful soil practices of the past decades. Augusta, of course, suffered as well. Cotton prices fluctuated and the local economy fell into a "depression of major significance." Augusta actually lost population, and it looked as though the worst was yet to come. William Tappan Thompson's fictional character Major Jones is quoted as having said that although the town was still pretty, "It ain't the place it used to was, not by a grate site. It seems like it was rottin off at both ends, and ain't growin much in the middle." Jones mentioned that he had heard rumors of some sort of plans about a canal that would bring industry and prosperity to the town, but he knew nothing about such a harebrained scheme as that![6]

Far more important for the College's image of itself, however, was the state of its journal. Lacking the driving energy of Antony, the *Southern Medical and Surgical Journal* lapsed after the editor's death. Finally, when Paul Eve was replaced by Newton as dean in 1844, the former determined that the magazine be revived. So Eve and Garvin, both consistently ambitious for the College, led the movement that saw to the rebirth of the Deep South's best antebellum scholarly medical journal. The faculty, in its enthusiasm, passed a resolution pledging each man to "furnish at least two articles of at least five pages of original matter or ten of translation annually for the Journal under penalty of twenty dollars."[7]

All well and good, it might be said, but the period of the early 1840s when the *Journal* was not being published may have been decisive in determining that Crawford W. Long, Georgia physician practicing in the then remote town of Jefferson, would never receive full credit for his pioneering use of ether anesthesia in surgical operations. Under Antony, the *SMSJ* "was the most widely read regional journal,"[8] and if Long had had access to it in 1842, after his successful operations, it is likely that he, and not the Boston dentist W. T. G. Morton, who used sulphuric ether in an 1846 dental operation, would be remembered as the sole discoverer of the beneficent qualities of that gas. However, there was no local magazine in which Long could publish. And even if there had been, the mod-

est Long may have shrunk from a literacy arena that held local lions such as Dugas, strident in his advocacy of mesmerism, or Paul Eve, equally strident in upholding the virtues of chloroform.

Be that as it may, Long had no outlet in which to make public his operations, and Morton published his findings in the fall of 1846—findings that had an immediate impact upon American medicine.[9] Long, for reasons best known to himself, did not publicly dispute Morton's claims in 1846, but he unveiled for Paul Eve all the circumstances of his own experience during a trip to the Augusta campus. (The students were given an exceedingly rare suspension of classes in order to greet the country doctor from Jefferson whose local fame had preceded him.) Subsequently, Long's account appeared in *SMSJ* in 1849. His depositions and statements were carefully checked and the validity of his claim was duly recognized. That Long was the "first to use ether for the purpose of producing surgical anesthesia for other than dental operations"[10] now seems indisputable. His was "one of the most important discoveries in history." Although a few others had dabbled with the "property of ether," only Long operated with it "repeatedly in a deliberate manner."[11] But the date of 30 March 1842 never will be so important as "that October day in Boston (1846), because Long did not publish his results until several years later."[12] Even when Long's position was printed, neither Paul Eve nor Louis Dugas, who seemed preoccupied with their own affairs, fully comprehended its importance. Dugas, in fact, who assumed the editorship of *SMSJ* in 1853, at first recognized the priority of another over Long and even reported that Long had given up his claim. As Charlotte O'Rear, who has researched the situation carefully, reported, it was clear that Dugas had simply not read Long's 1849 article. After the editor was apprised of his error, he later urged Long to push for unqualified recognition of his achievement.[13] However, the period 1839–45, when the magazine was not published, proved nearly fatal for Long's just claim. Although he has at last been accorded proper recognition, it was only after years of debate and controversy, neither of which would have been necessary had *SMSJ* not suspended publication for six years following Antony's death.

Throughout the first half of the 1840s, the movement for creation of a national medical society grew in strength. By that time many of the states had their own medical organizations, and it was generally felt that there

should be a national group to give coherence to the internal drive in American medical circles to upgrade the profession and lend it more prestige. In addition, there was a widespread feeling in the land that educational reforms in the various American medical colleges should be instituted, and that at least a tentative set of standards should be adopted on the national level to act as a guideline for the state and local societies. The medical profession also felt the need to band together in order to fend off or somehow discredit the hordes of medical charlatans who wandered throughout the country. The botanic and herb doctors, now with state organizations and colleges of their own, were bad enough, but by midcentury the homeopaths presented another serious challenge to the position of the physician educated and trained in the traditional fashion.[14]

Georgia lagged behind even many of the states in the South in the formation of a medical society. Savannah's Georgia Medical Society, dating back to 1804, had the right name, but steadfastly refused to convert itself into more than a Chatham County organization. It was the Medical College of Georgia in Augusta that ultimately took the lead in establishing a true Georgia-wide society, just as it had done in other areas of medical reform in the state and nation.

The men at the Augusta institution, and particularly editor Paul Eve of the *SMSJ*, were keenly aware of the national situation as it unfolded in the 1840s. MCG, he pointed out, had been in the forefront of medical reform in the areas of length of term and in the formation of a national organization. The new school in Augusta had been set up originally with a six-month term. The lengthened school year meant four lectures a day for the students instead of six, as in the four-month curriculum, and it allowed all four classes to be held in the morning. This schedule freed the afternoons for work in the dissecting labs or for various clinical assignments. The evenings could then be open for reading and study, where in the four-month system the nights were usually spent with a candle and a cadaver. But, Eve pointed out, because the University of Pennsylvania—his old alma mater—had not initiated the idea, the school did not adopt it. The same was true for Ford's 1835 call for a meeting of the deans of the medical colleges. Although his aim was to establish a set of criteria for medical education and to bring about formation of a nationwide group, the Medical College of Georgia was looked upon as a

medical fledgling. Now, however, the Philadelphia institution, feeling the severe competition of several other medical schools vying successfully with the leader for students and faculty, suddenly saw the light.

Medical meetings in 1846 and 1847—the latter held in Philadelphia under the aegis of the University—spearheaded the burgeoning movement for a national medical organization.[15] The Augusta faculty named Dugas and Garvin to represent them in Philadelphia, and at the same time paid one-half of Means's expenses "to the North" to purchase new instruments for the College. In recognition of Garvin's particular abilities, this 1847 convention nominated him as a member of its two most important committees: one to name officers to construct a permanent organization and another to designate policy-forming officials for the crucial year immediately following the same Philadelphia meeting where the American Medical Association was formed.[16] Georgia was also ably represented by Richard Arnold of the Savannah society, who served on several of the National Medical Convention's committees and acted as its secretary. His effort to bring uniformity to the system of birth registrations and certificates was backed wholeheartedly by Eve and the Medical College.[17] But it was the frightening proliferation of medical schools, with the concomitant decline in standards (none too high to begin with), that pushed Eve and his colleagues to call ever more loudly for organization and reform. Thirty-seven medical schools were just too many for the country, and many of them had no quality program to offer. There were, Eve editorialized darkly, "*more of the same sort* in contemplation." That five medical schools called Philadelphia home he thought positively ludicrous![18]

In Baltimore in 1848 the American Medical Association had its first national convention. Paul Eve, the outspoken editor and, by now, nationally known surgeon, must have felt mixed emotions when he observed the supporters of the School of Medicine at the University of Pennsylvania lobbying for an extended academic term. But he cooperated with the reform elements at the convention. Eve's most important contribution at this meeting had to do with the five-month term. He proposed an evening meeting of medical professors at which he introduced a resolution for their consideration "to the effect, that the lecture-term of the medical schools ought to be extended to five months." After spirited debate, the resolution passed and was presented to the convention two days later, where it was once again approved.[19] Perhaps in part

because he had been so outspoken and had assumed a leadership role, he was elected one of the AMA's first vice-presidents. At the same time, Joseph Eve was put on the organization's standing committee on obstetrics. Still, the former felt that the South, with only 20 of the 256 delegates there, was badly underrepresented. Earlier he had accused his profession of showing sectional and institutional bias in naming standing committees.[20] His feelings that the AMA was guilty of sectional discrimination did not abate with the years.

Eve could not resist the temptation to give the national group and its Pennsylvania mentors the benefit of the experience had by the Medical College of Georgia—a school that, unlike Pennsylvania, had already tried both the six- *and* five-month terms. The latter length, he claimed, was the superior; the six-month academic year was simply too long. November through March were the best months for the term, he recommended, and a maximum of four lectures per day was found to be preferred.[21] Eve had no intention of letting others steal the Medical College's thunder, nor did the other members of the faculty. Joseph Eve's introductory lecture at the beginning of the 1848–49 school year ran through the history of MCG's efforts to be innovative in the field of medical education. Was it proper, he asked, for Pennsylvania now to take credit, as it was trying to do, for term reform? "Can they do this with justice?" Eve's answer—and Augusta's—was a ringing "No!"[22] At about the same time, the annual bulletin of the Medical College announced the five-month term, which had actually been reinstated in Augusta well before it was suggested from Baltimore. The trustees felt confident "that the prosperity of their [faculty's] school will rather prove an incentive to increased exertions, than to retrograde indolence."[23] But they were concerned that the added month might lose the school students to nearby institutions that offered a shorter—and often a less expensive—term. MCG had early been the first to adopt a six-month course and the first to call for a national meeting to bring about reform. We "stood alone," the trustees proudly stated, but now that what MCG proposed was being pushed nationally, both school and faculty needed the encouragement of local members of the medical profession.[24]

It is not easy to assess the importance of the role played by the Medical College of Georgia in helping to bring reform to medical education. Paul Eve had extensive professional contacts throughout the country, including the influential Nathan Smith Davis of New York, the faculty at the

University of Pennsylvania, and numerous others, all of whom were event-makers in the history of American medicine. Garvin, whose role has often been overshadowed by his more vocal associates, added his weight to the various reform movements too—just as did Ford, Dugas, and Joseph Eve. But it is stretching a point to maintain that the Medical College of Georgia was one of the prime movers in American medical reform circles. There are ample grounds upon which to base the claim that the College was an early advocate for lengthened term, for high standards, and for setting up a national medical association that would touch every state in the country. But its efforts, although laudable and ground breaking, were premature and fell upon deaf ears. It remained for the medical schools of the Northeast to bring into fruition—albeit tardily—the concepts advocated by the reformers on the Augusta faculty in the 1830s. But the school by the Savannah River had no intention of sitting quietly aside while the "big boys" claimed credit. The Augusta professors demanded—and received—the just recognition that was their due.[25]

The Medical College of Georgia in 1846 had a more interesting and varied student population than at any time in the school's past. Of the 112 men enrolled, roughly two-thirds (77 students) were from Georgia, but there were 18 registered from the neighboring state of South Carolina. Alabama, still without its first full-fledged medical school, was represented by 12 young men. One student came to the Augusta institution from each of the following: Virginia, Mississippi, Vermont, Ireland, and Canada.[26] The following year saw the graduating class smaller and less representative geographically, but the editor of *SMSJ* claimed that "there has never been a better one in this institution." Some of the graduates, in fact, had been practicing doctors for years. They possessed a maturity and experience that could be found wanting in classes of "new" medical doctors.[27] In 1848, there was a bumper crop of 52 graduates, and although most of them (42) hailed from Georgia,[28] the trustees of the College proudly pointed out one fact that made the group noteworthy. Among the 52 graduates "are those who have attended their first course of Lectures in New York, Philadelphia, Lexington, Louisville, New Orleans and Charleston. Every prominent School of Medicine in our Country is represented in the present class," including Pennsylvania, the Jefferson Medical College, Transylvania, the College of Physicians and Surgeons, the New York University, the University of Louisville, the

Medical College of South Carolina, and others. The trustees justifiably thought this a "striking fact" that correctly reflected the good reputation and "the highly prosperous condition" of the school.[29] The student breakdown in 1850 showed a pattern similar to that of 1846, but total registration for the two courses had ballooned from 151 to 179. There were 29 men from Alabama in the College, but only 10 from South Carolina. North Carolina was represented by 3 young men, and there were 5 other states showing 1 registrant each.[30]

Reflective of the leadership role the College was playing in the state and section was the initiative the faculty and the trustees of the Augusta school took in getting a state medical organization together. One of the initial aims of the AMA was to encourage the creation of medical societies in states such as Georgia, where no overarching group existed. Savannah, which had set up a Georgia Medical Society years before, had refused to act, so Paul Eve and MCG took the lead. In January 1849 the College's faculty "determined to call a meeting of the Physicians of the State in Augusta on the 20th February" to form a medical association.[31] Once the Chatham County group got wind of Augusta's plans, it galvanized itself in an effort to block—or at least alter—MCG's move. Although the various political maneuverings are not quite clear, it seems that Paul Eve, whom the College put in charge of arranging the gathering, compromised with the Savannah physicians so that their organization would not be seeming to lose face. The meeting was postponed until March, and Macon was chosen as the site instead of Augusta. Means and Ford were named the delegates from the Medical College. When the convention actually met and created the Medical Association of the State of Georgia, the assembled physicians picked Ford as their first president. The Association was particularly enjoined to act on national developments, compile a physicians' registry, present ideas concerning the control of prescriptions, and deal with general issues in the field of medical education.[32]

Once more the Medical College, with Eve taking the primary role, was in the vanguard of medical affairs—this time again on the state level. But lest members of the new group construe the College's activities as welcoming competition from other medical colleges in Georgia, the faculty singled out the politic and dedicated Dugas to contact legislators in Milledgeville "to guard the interest of the Medical College of Georgia in any application for donations for medical purposes before the present

Legislature."[33] Augusta, then, must have received rumors of movements afoot in other communities in Georgia—movements that culminated in the establishment of rival medical colleges in the state in the 1850s. In 1853 the Savannah Medical College was founded, followed two years later by the Oglethorpe Medical College in the same town. In 1855 the Atlanta Medical College got underway, its founder and early leader being John Gray Westmoreland, graduate of MCG's class of 1843.

This college, the nucleus of which was later to become the medical school at Emory, proved to be the most serious competition for MCG and was even able to lure Alexander Means from his connection with the Augusta institution. For several years Means taught at both schools because their terms did not overlap, just as he had earlier taught in Augusta while serving as president of Emory College at Oxford, Georgia. The MCG faculty doubled up for him to cover his classes when he could not attend, but by 1855 their patience was wearing thin. Finally, at an 1857 faculty meeting, Means was told that the sense of the school was that the teaching schedule be "deranged as little as possible" as it upset the students. But the situation did not improve dramatically. Owing to the fact that his other institutional affiliations "operated to the injury" of the Augusta connection, he was asked to resign from the Atlanta school. He did so but, upon reflection, withdrew his resignation. The College faculty's opinion was that this relationship to the Atlanta Medical College was "inconsistent" with his duties in Augusta. One post had to go, and it was the Augusta professorship that he chose to relinquish. He left with the "friendship and respect" of his colleagues, who wished him continued "prosperity and happiness."[34]

But Means was not the only prominent faculty member to leave the Medical College of Georgia in the 1850s for greener pastures. Paul Eve, who had been the unquestioned leader of the faculty since the death of Antony and who had served as editor of *SMSJ* and as dean—in addition to taking an effective reformist stand in national circles—resigned the chair of surgery in 1850 to accept a position in the medical school at the University of Louisville. Although the College and the community in general felt the loss severely, the institution adjusted with ease, once again proving that it was stronger than the reputation and will of one man. Dugas took the empty chair of surgery, and Homer Virgil Milton Miller filled the position of physiology and pathological anatomy vacated by Dugas. The unassuming Miller served with considerable distinction

as a professor, had an exceptional career during the Civil War, and later became United States senator from Georgia as well as professor and dean of the Atlanta Medical College.[35]

To fill the vacant Means slot, the College raided the faculty at Franklin College in Athens and attracted the youthful and ambitious Joseph Jones to the banks of the Savannah. Jones wanted the Means seat badly, and considered the Augusta job the best post a physician could hold in the state. He was attracted by the "love of scientific research" he saw reflected in the faculty there. The Medical College "encouraged it"; the school in Athens, in Jones's view, "inhibited research." James A. Sledge, editor of the Athens *Banner,* visited Jones on behalf of MCG, and Henry Campbell pressured him by saying that Jones was the first choice of the faculty and trustees. Campbell warned, however, that "unless his acceptance was assured," the position would not be offered and John or Joseph LeConte would be asked. Jones's fears and his reluctance to leave Athens departed—the research time was the magnet that pulled him to the Medical College. Jones's stay in Augusta was brief. The Civil War interrupted his teaching career, and he did not return to the Medical College faculty after Appomattox. But his high seriousness, his earnestness, and his integrity influenced those to whom he was exposed in Augusta.[36]

As mentioned before, the able Henry Fraser Campbell was added to the faculty in 1854 when the new chair in comparative and microscopic anatomy was created. This was the first salaried faculty position at MCG and brought Campbell a respectable yearly stipend of five hundred dollars. (Other faculty members were compensated by "dividends" paid to them at the end of the term, provided the year had been a profitable one. This was the traditional way in which medical faculties of proprietary schools were paid for their services.) Campbell had made a name for himself by the time he received the call to join the Augusta faculty. His work in the physiology of the central nervous system was well known, and his publication on this subject in 1850, at the ripe old age of twenty-six, was singled out for special praise. His continued research in this area won Campbell a distinguished annual prize granted by the AMA in 1857. He and his brother Robert, also a physician, had set up the Jackson Street Hospital in Augusta with the intention that it serve the black community. This hospital offered at least "fifty beds for chronic and surgical diseases," and provided the students at the Medical College with additional valuable on-the-spot clinical experience.[37] Paul Eve, when he

headed the AMA, made Campbell—his cousin—a vice-president of the organization. (Joseph Eve was Campbell's uncle.) Later Campbell served as chief executive officer of the association in his own right.

Another yellow fever outbreak struck Augusta in 1854, and although it was not as devastating as the epidemic fifteen years earlier, it cost the city more than one hundred lives and caused the Medical College to delay opening its academic year.[38] But the enthusiasm for the institution and what it offered was still there. Although enrollment in 1854 was down somewhat initially, by the time it came to commencement in 1856, the class had swollen in size to a gargantuan seventy-three. This made the Medical College not only one of the largest, but also one of the most prosperous—and profitable—medical schools in the South.

It is particularly difficult to arrive at an objective assessment of academic standards at the Medical College of Georgia before the Civil War. The entrance requirements bore no resemblance whatever to those of today. Furthermore, stated requirements were often for window dressing only and could be ignored with impunity, even by the best schools. Personal knowledge of a prospective student by local physicians followed up with a letter was certainly an important consideration, and perhaps the most important, in gaining entry to the school, but the faculty liked to be involved in such decisions too. Monetary factors must have been considered also, even though indirectly. The point to be made, however, is that personal, emotional, and financial considerations were the main determinants insofar as admission to MCG was concerned. The nonsubjective element, of such importance in modern day medical education, was by no means as important as the personal in the antebellum period or, for that matter, until well into the twentieth century. James Breeden, biographer of Joseph Jones, has found that even though "rigid entry requirements were solemnly intoned" by the University of Pennsylvania faculty, "in practice little more than the proven ability to read and write was required"; Jones's exam before the faculty at Pennsylvania "was largely for show." John Wyeth, organizer of the first postgraduate medical school in America and himself a Pennsylvania graduate, found the same situation. Any white, literate male could gain admittance if he wanted it badly enough. The Greek and Latin requirements, so often cited as hallmarks, were actually meaningless.[39] Although the circumstances in Augusta were different from those in Philadelphia, there is no logical reason to believe that admissions policies and practices were different as well.

Indications are, however, that the regimen of the Augusta school took a fairly heavy toll on the students. If the figures reported by the Medical College can be taken at face value, then it is clear that the attrition rate, at least for the first sixteen years of the school's life, was high. *SMSJ* revealed in 1848, for example, that the College had graduated 369 physicians out of a total enrollment of "about 1250 students." If accurate, and there is no valid reason to question the figures, then the completion rate for those who enrolled was not quite 30 percent.[40] More than likely the high rate of those who dropped out was owing to other than academic factors. Some undoubtedly transferred to other schools to complete the degree, and many may have felt that a year's course was more than enough for the kind of practice they had in mind. Economics was the severest problem for students and parents alike, just as it is today, but there is also evidence that the academic "grind," even when it was only of four- or five-months' duration, could be too demanding psychologically, particularly for students who lacked the necessary inspiration and drive to complete such a concentrated course. Generally speaking, however, if the student could complete his academic work satisfactorily and could present an acceptable thesis—usually a compilation of secondary data—to the faculty, then he was almost assured a degree. In April 1848, one student who had failed to appear before the faculty at the appointed time for his oral exam was questioned later "and unanimously rejected." Forty-nine names were recommended for the degree on 29 February 1848, several with negative votes. One young man withdrew his name before the list was compiled (he was later tested and rejected), and four were not approved. Of these four, one was called back later that leap year evening at 7:30 p.m., "was introduced & re-examined & passed unanimously." Another, rejected initially, was also approved, although with two nay votes. One unfortunate was turned down that grueling evening, and on the following evening, after another full-day session, the final two hopefuls were turned away. In 1849, no one was rejected. The graduating class was relatively small—thirty-nine— possibly a factor in the use of re-exams to pass three candidates whose degrees had been in doubt.[41]

Obviously bored with having to straighten out syntactical and grammatical knots, the faculty bravely proclaimed in December 1849 that "after this session" it would henceforth "refuse to correct the thesis of the candidate for graduation."[42] It was not unknown for students to be told to make corrections or do extra work, but by the time of the Civil

War the thesis was considered to be basically a fruitless exercise. It declined in importance to the point that it was eliminated as a requirement for graduation in 1877.

It is probably accurate to conclude that the antebellum Medical College of Georgia had about as high standards for admission and graduation as other such schools in the country. Because MCG was a proprietary school dependent upon tuition and fees for its livelihood—and for the dividend the faculty so keenly awaited each year—it would be unnatural to expect the administration to enforce severe academic standards. Certainly other colleges did not. The general rule seemed to be that if one could pay his fees, not alienate the faculty or the officials of the school unduly, stay out of trouble with the community, and satisfy the required preceptorial training, then the natural result of one's course of study was a medical degree. A hidden but nonetheless important factor was that the very discipline imposed by the study of medicine caused many of the weaker or less-motivated students to fall by the wayside. Although the stated guidelines for matriculation and graduation might be vague or nonexistent, the demanding nature of the work was its own discipline. Along with the less appropriate economic factor, then, the rigors of the medical course itself presented a substantial hurdle. Such a consideration helps to explain the seeming anomaly of high attrition rates coupled with low, or at least inarticulated, standards for entry, retention, and graduation.

In spite of the presumably heavy study habits of the enrollees, *SMSJ* reported in 1848 that MCG students were a hale and hearty bunch. Only one had died at the College in its sixteen-year history,[43] and he from unexplained causes. The Christmas break, although coming not long upon the heels of the opening of the term, gave the young men a welcome chance to rest, relax, and see their families. In 1836, seventy-two students petitioned the faculty for a week's vacation at Christmas, but a counterpetition (signed by one killjoy) surfaced and asked that classes not be interrupted. The faculty ignored the latter and approved the first petition unanimously. The dean informed the faculty of the students' similar wishes two years later, and again the faculty gladly complied. Perhaps flushed by their easy victories, the classes asked for eight days in 1840, but the request was denied on the basis that it went "beyond the time which long custom has made the rule."[44] Thereafter, the seven-day Christmas break seemed to go unquestioned when such a vacation was

requested, but Robert W. Lovett, Jr., student in the 1840s, complained to his parents that there would be "no vacation Save Christmas day. You will *of course* suppose that I will spend a very *pleasant* four months in Augusta," particularly with his wife at home in Oxford, Georgia.[45] The whole prospect, he felt, was "bad & bad enough."

Lovett, who came from Millhaven in Screven County, took board at Dr. Hook's, but made arrangements to "Sleep and study in the up stairs of Dr. J. A. Eve's shop." The cost for food was about $12 per month, and laundry ran his expenses up another $1 or $2.[46] Lectures cost $110, and there was a $10 anatomy fee paid to the demonstrator—"that man that attends to it [dissection] & directs how it should be done." There was a $1 charge per student per subject dissected, a $3 graduation fee, and finally the expense "of some books I need."[47] Using Lovett's figures as typical, it would be very difficult for a student to complete a four-month course in Augusta for under $200, a large outlay for education at the time, particularly in the South.

Lovett's denunciation of "the tedium of College Life" and of "faculty requisitions and the dissatisfaction created by these"[48] have an almost modern ring. But it was the money problem that plagued him most bitterly. He wrote his parents in January 1844 that he discovered that the faculty would penalize "those who have not paid," and feared his name was on the list although no one had yet spoken to him on the subject. "They or some of them have got us in a trap that I shall be pleased beyond measure when I am freed from it." His graduation fee was due in a week, there was "no indulgence" on the part of the College in this regard, and Lovett had no money. He bravely continued, "Of course they can do as they please. I shall keep quiet [*sic*] still till the end," but if they refused his degree on these grounds he resolved to "let them know" a thing or two. The circumstances, complete with examination pressures, had taken their toll on Lovett. He concluded his letter poignantly: "It is no less painful for me to write to you upon the subject of money than are your difficulties to raise it. It really appears that I had better after this cease my attempts to graduate as it is always attended with such serious difficulty."[49] But the money was found, Lovett graduated, and April 1844 found him practicing with a physician in Newton County. He lived on until 1912, to a ripe old age.[50]

Another alumnus, Philip Madison Shepard, walked from the Georgia backwoods to Augusta in 1829 to attend school. In town he contracted

malaria, but was taken in by the Fords and nursed back to health, indicative of the rapport that could exist between faculty and students, Lovett to the contrary notwithstanding. The enterprising Shepard graduated from MCG in 1835 and moved to the frontier in Alabama, where he lived near Dadeville the rest of his life. In 1852 he secured a state charter for the Graefenberg Medical Institute, where for three years he was his school's administrator and faculty too. Sons John, Philip, and Orlando Tyler, graduates of their father's one-session institution, joined Shepard—the founding father in every sense—on the faculty. John was a professor at eighteen; at seventeen, Orlando Tyler was the specialist in obstetrics. Daughter Louisa earned a Graefenberg medical degree as well, and would doubtless have joined her father and brothers on the staff had she not opted for Texas and a family. The senior Shepard died in 1861, and the school was one of the many casualties of the Civil War. But in its brief career Graefenberg Medical Institute turned out about fifty physicians, some of them apparently in no way related to the Shepard family.[51]

The most obvious and visible product of the Medical College of Georgia, other than its alumni, was the *Southern Medical and Surgical Journal.* The magazine, which ceased publication for six years after Antony's death, resumed operation in 1845 under the joint editorship of Paul Eve and Ignatius Garvin. But after 1845, Garvin, whose community activities as mayor in 1848 and as city treasurer may have precluded his continued efforts, dropped out of the editorial picture and left the flamboyant Eve to do what he would with the journal. Garvin returned as editor in 1850 when Eve left for Louisville, but he held the post only for one year until Dugas could take over the helm.

SMSJ appeared monthly, and an issue generally ran about sixty-five pages. The magazine published original articles drawn from practicing physicians throughout the country, but with an emphasis on authors from the South and, more particularly, from Georgia. It relied heavily upon the Augusta faculty to provide the articles it printed, but professors from other schools were represented as well. In addition to articles summarizing laboratory research experience or practical work in the field, *SMSJ* generally ran a useful bibliographical section where recently issued medical books were discussed and reviewed. Not all of the assessments were signed, but Dugas, Means, and Paul Eve seem to have done the lion's share of the work.

A feature called "Monthly Periscope," containing letters and a medley

of other information, was added to the magazine under Eve, as was a special section titled "Medical Intelligence." In this area controversial items were debated, such as the Eve-Dugas altercation on the relative worth of chloroform and mesmerism in surgical cases. Obituaries, notices of meetings, and other newsworthy medical items from across the country were also printed here. It was in "Medical Intelligence" that Paul Eve, when he was editor, pushed his reform notions and ridiculed the posturings of some of the institutions that tried to pretend they were something they were not. With his innovative eye always tuned to the effect new ways might have on medical procedures, Eve included an item in "Medical Intelligence" for September 1848 that, he thought, presaged change in the profession's ways of doing things. He noted that he had recently made a 542-mile trip, "performed an operation (remaining 12 hours with the patient), lost comparatively no sleep, and was absent from home only 51 hours. . . . The arrangements were made by the telegraph, and the travelling done by rail-way."[52] Meteorological observations at Augusta concluded each monthly issue as long as Eve and Garvin held sway, but Dugas dispensed with this feature in 1851. Eve ran a tight journalistic ship, and was never apt to have his light hidden under a bushel. However, it was with justifiable pride that he noted in 1847: "We seldom take up a medical journal, of the twenty now published in this country, without finding in them, some extract or notice of matter derived from the *S.M. & S.J.*"[53]

The organization of the magazine under Dugas was somewhat different from the *Journal* under Eve. Dugas actually divided an issue into "Original" and "Eclectic" sections, followed by a "Miscellany." As the situation between North and South polarized, Dugas added an editorial feature in 1854—a feature continued by Henry and Robert Campbell when they assumed the editor's post in 1857. One year later the Campbells lengthened each issue to over seventy pages while, at the same time, maintaining the quality of the material printed. True to its name, this monthly journal was in the best sense a "regional" journal, just as the school was regional as well.

Being a monthly, *SMSJ* attempted to act as a sort of handbook for the practicing physician in Georgia and the South. Its aim was to keep him informed of recent developments and trends in medicine and to upgrade professional care wherever possible. As for local considerations, the magazine gave an outlet to MCG faculty, disseminated information on its

curriculum, and printed lists of graduates for a given year's course and/or a cumulative list of all the graduates of the school. In *SMSJ*'s pages are found invaluable comparative statistics, and it even occasionally ran special features such as the aggregate classification of deaths in Georgia offered in 1856. Other than for an understandable pro-MCG bias, the periodical was remarkably free from special pleading. There is no question but that it performed a valuable service for physicians in the state and section.

The amount of work necessary to put out such an ambitious magazine was prodigious. Although the editors were rarely found complaining, when one bears in mind the hours of labor involved in piecing such a journal together each month it is clear why no one rushed to continue *SMSJ* after Antony's death. But the more the objective reader looks through this revised magazine's pages in 1845 and thereafter, the more he comes to realize that the Augusta school issued an extraordinary product; in its consistency and ability to stimulate, it was the best in the South and ranked high in national circles as well. Its editors—Antony, Eve, Garvin, Dugas, and the Campbells—saw to that.

SMSJ also ran useful comparative statistics on national medical colleges almost every year, stood firmly for reformist trends in medical education, and denounced quacks and charlatans (with the botanic and homeopathic schools being lumped in this element). The magazine also printed letters such as one from an Abbeville, South Carolina, doctor in 1848 supporting more liberal arts and knowledge of languages for aspiring physicians; offered advertising space to MCG and other schools; and occasionally passed along a gossipy tidbit and a folksy story or two.[54]

As all such magazines, *SMSJ* had problems mainly stemming from two sources: paucity of significant, publishable material, and money. The editors, it almost goes without saying, were unpaid, and it was expected that the periodical must support itself from its own subscriptions. Such a hope, though, was fruitless, particularly when many who expressed a wish to subscribe failed to follow through with payment. So the magazine began to request prepayment. Even so, the subscribers were in arrears to the tune of over two thousand dollars in 1848, and the fate of the new series was in doubt.

As was so often the case with literary journals in the South, there simply were not enough people willing to put down the money required to make a venture in medical journalism self-supporting. A breakdown of

the paid subscribers in 1848 is revealing: Georgia, 307; South Carolina, 67; Alabama, 52; Florida, 10; Mississippi, 9; Louisiana, 5; Tennessee, 4; North Carolina, 3; Texas, 2; Arkansas, Massachusetts, and Connecticut, 1 each[55]—a total of 462 subscribers. The South Carolina and Alabama figures were healthy; the magazine was weak in Georgia by comparison. The real disappointment seemed to be in Florida and in the states west of Alabama. In fact, Eve, who disliked failure and who was willing to do any amount of work to avoid it, could not hide his exasperation in the first issue of 1849. "SHALL IT BE CONTINUED OR NOT?" he asked. The 1849 volume would, "in all probability," be the last of the New Series. Prepaid subscribers were too few to continue the magazine in spite of the fact that three dollars per year was an incredibly appealing price. Eve said that the editor "cannot continue the publication of the work at a positive pecuniary loss to himself. The editor never has asked, never expected, and has never received one cent" for his labors, but he must be candid: the third volume of the old series cost the editor nine hundred dollars. He had no intention of letting a like situation occur in 1849. The magazine needed twice as many subscriptions as it had in order to continue, Eve estimated. The facts were laid out for the physicians "of the South and West" to see, "and they must say whether the oldest, the most prompt, and the only monthly medical publication in this region, is to be sustained or not."[56]

Fortunately for Eve, the magazine, and for MCG, people rallied—at least modestly—to the *SMSJ* banner. The next issue contained a letter from James M. Gordon, physician from Lawrenceville, calling for the alumni to come to the rescue. He individually had found two new subscribers and pledged to find two more. Gordon challenged others to do likewise. If we do not rally, he said, we can date with the demise of *SMSJ*, "the downfall of Southern Medical Literature."[57] The periodical carried on, and although never reaching the subscription peaks Eve or the other editors thought its due, the journal continued to render invaluable service to the southern medical profession—as well as to MCG—until halted in 1861 by a crisis far graver than it or the College had ever faced before.

The antebellum Medical College of Georgia had established an enviable reputation in its thirty-year history. The quality of the faculty was high, and its activities in the medical profession were notable. These men helped change the face of medical education on the national as well as on

the state level. These physicians-professors involved themselves in every aspect of community life and were among the political as well as the social and cultural leaders in Augusta and Richmond County. The school itself appears to have served Georgia well in that the quality of the physician produced from the Augusta institution was comparable to that produced by other reputable medical schools throughout the country. And in the *Southern Medical and Surgical Journal,* the College issued a first-rate magazine that stood for quality in education and basic research.

Chapter Five

The Coming of the Civil War

The fabric that held the nation together, long under stress, began slowly to unravel during the winter of 1849–50. The Mexican War, which looked very successful when gauged by the amount of territory annexed to the United States, carried with it the seed for destruction of the Union. When California, the first fruit of the victory over Mexico, applied for admission into the Union late in 1849 as a free state, the nation was plunged into a crisis that led, ultimately, to secession. At issue in 1849–50 was the relationship of slavery to the nation's territories and the South's equal voice in the Senate. To permit California into the Union as a free state would upset the delicate sectional political balance maintained, more and more consciously each year, between the proslave and antislave states.

As soon as Congress convened, the crisis surfaced. Both houses seemed paralyzed by the situation. Southern extremists, including the volatile Robert Toombs from Georgia, threatened immediate secession should the North meddle further with the institution of slavery in the territories. And the antislave forces had precisely that in mind. Ever since David Wilmot of Pennsylvania had introduced his proviso outlawing slavery in the land taken from Mexico—a proviso that passed the House and was frustrated only as a result of the South's strength in the Senate—northern antislave elements had looked for a chance to reopen the issue. On its part, the South, feeling its back to the wall, advanced the stand that slavery was an institution hallowed by the Constitution and recognized by Congress. With the old and sick John C. Calhoun dominating the developing southern clique, many of the South's more radical politi-

cians began to take the position that slavery in the territories must be positively protected by the federal government. Positions polarized.

Throughout the early months of 1850 the country held its breath. A middle position opened, championed by the veteran compromiser Henry Clay and backed by the old siege gun Daniel Webster. Stephen A. Douglas came to the fore and assumed the role of chief of the compromise camp. But Calhoun, sitting slumped in his seat in the Senate, wrapped in his great cloak, counseled opposition to compromise. Now was the time, he said, for the South to leave the union it had once held so dear.

The trauma of Congress affected Georgia and Augusta profoundly. The debates in Washington, and especially in the Senate, were followed with rapt attention. Suddenly the whole relationship of the state to the federal government, always a bit unclear and strewn with broken promises, was brought into serious question. No minor lover's quarrel this; old ties and basic loyalties were at stake. Augusta was a conservative city where the Whigs and pro-Union sentiment were both strong. The town, which had slumped briefly in the 1840s, had made a dramatic revival. The Augusta Canal brought industry; cotton was coming to town in unprecedented amounts, and the price it was bringing in January 1850 was going up.[1] But secession talk dominated the thinking of the people and of the newspapers, even in Augusta.

The forces of compromise in Congress, aided and abetted by the Georgian Howell Cobb, recently elected Speaker of the House, gradually won the upper hand. Even earlier, on March 31, Calhoun had died, and the southern opposition to the compromise lost its great leader. In fact, the nation paused. Here was the first of the mighty triumvirate of Clay, Calhoun, and Webster—a triumvirate that had dominated Congress for almost forty years—to die. Calhoun was feared, worshiped, excoriated as the Antichrist, or adulated; but friend or enemy, all knew that with his death a mighty force had passed from the scene. An Augusta diarist, probably a Whig by persuasion and certainly no friend to Calhoun, summarized the local feelings nicely. "He was not indeed perfect," the diarist wrote; "in fact [he] had great faults, but he was honest, and whatever he spoke, was from the heart. John C. Calhoun is dead. Carolina weep, for truly you have lost your right arm."[2]

So the forces of moderation seemed to have won the battle in Washington, and many of the Georgia politicians had played prominent roles in making this possible. In the fall of 1850 the procompromise element in

Georgia organized regardless of political affiliation, and soundly trounced the secessionists in the state; a great feeling of relief swept over Georgia. She had once again assumed the mantle of unionist leader in the Deep South. The people wanted to return to the days before the fight that had nearly destroyed the Union, but the issue of slavery, like Banquo's ghost, would not down. So although the 1850s mark a general period of prosperity for Georgia, Augusta, and for the Medical College, the spirit of the nation had been spoiled. Sectionalism, always an aspect of American history even from colonial days, grew more insidious. It poisoned minds and, during the decade preceding the Civil War, it permeated every aspect of life from the pulpit to the countinghouse.

Medical education was by no means immune to the vicious sectionalism that polarized the nation during the 1850s. The *Southern Medical and Surgical Journal* began to speak out on basically political topics and concentrated more and more on "southern" diseases. It constantly emphasized that the Negro set the South apart—not just politically and intellectually, but in a medical sense as well. The black man, it was widely believed, fell prey more easily to certain diseases and had stronger immunities than whites to certain others. The fact that he was somehow "different" was taken as a priori proof that he was inferior. The basic premise from which Augusta physicians worked was that the nature of diseases and their effects were altered by climatic and regional differences, a precept picked up originally from the teachings of Hippocrates. A logical conclusion from such a premise would be that if a physician wanted to practice medicine in the South, he should secure his medical education in the region.

Throughout the 1850s, then, there were several dramatic trends discernible in *SMSJ*, all of which reflected sectional tensions and deepened their impact locally. For one thing, more attention was devoted to diseases and fevers that were looked upon as somehow more characteristic of the South than of the rest of the country. The magazine also emphasized the presence of blacks in the South by running articles such as one by Dugas in 1858 assessing the worth of Josiah Nott's hypotheses as to the origins of races. The Negro was consistently looked upon as being inferior and set apart in all things from the whites. But that his body would do nicely for clinical experimentation and medical research was nowhere denied.[3]

The presence of large numbers of blacks was also used as an argument

by the officials of the College as well as by *SMSJ* to bolster the position that southerners who expected to practice medicine in their section should receive their education in the South. There was no substitute for being trained by southern physicians and for receiving the kind of clinical experience that would benefit the student immeasurably once he practiced on his own. Studies of local ailments of one sort or another were emphasized in the journal, this signaling a trend toward parochialism that became more dominant as the fifties advanced. Dugas, for example, called for more information on diseases and mortality rates at the local level, and items from local medical societies throughout the South came to be a prominent feature of *SMSJ*. With his local statistics Dugas hoped "in a few years [to] accumulate a fund of facts, of great value in establishing the relative salubrity of different sections of the country, to the white and African races."[4] Medical research was to be used to bolster the evolving sectional credo of the South.

But the Medical College of Georgia should hardly be singled out for a phenomenon that was having its dreaded impact on all institutions, both South and North. Philadelphia's Jefferson Medical College, even before the crisis of 1850, had announced in one of its circulars that the notion that southern doctors should be trained in the South "is now generally, as it ought to be universally, abandoned." By no means so, said *SMSJ*. Southern peculiarities of climate and race made it imperative for southern physicians to be educated in their area. Although the great truths of science are the same wherever they are taught, no one who aspired to practice in the South could do so adequately without having seen "our marshy districts, our malignant intermittent, remittent, congestive and yellow fevers, nor our negro peculiarities." And the very idea that one lacking this firsthand experience could teach a course on these subjects was positively ludicrous. "Would any one 'admit' that the symptoms and treatment of the Plague can be taught as well in Philadelphia or in Georgia as in Cairo? The idea would be preposterous."[5]

The editors of *SMSJ* were obviously aware that sectional medicine was altering the attitudes of the country on professional as well as on political matters. No one of good spirit wanted to add fuel to the fire that threatened to consume the country. MCG's annual announcements, for example, often mentioned specifically that the officials at the College had no intention of heightening sectionalism. But still the circulars bragged to "the Southern Medical public," and underscored the school's value

"as a Southern Institution." Such references were explained as having been made only in the interests of "an enlightened patriotism." Southern physicians had "the duty" to support southern institutions, and although medicine can be taught anywhere, "the modifications of disease which prevail in the South, assuredly can be most successfully taught by Southern men."[6] The Augusta program was "far better adapted to the wants of the Southern practitioners, than in any Northern College."[7]

By 1855 MCG was becoming even more outspoken in its position, perhaps partly owing to keener competition in Georgia itself but more than likely because the flow of good students to northern schools continued. Physicians needed their early training at home, it was repeated, but it was also important that the influences and phases "assumed by many diseases as they occur in the *coloured portion of our population*" be observed at first hand. Graduates of northern schools were asked to testify that only "experience and personal observation" made their practice in the South effective. Although accused by the North of "mixing up unworthy sectionalism with scientific enquiry, or, at least, of pandering to popular prejudices," the College defended such stances on the basis that day-to-day experience proved it was correct.[8]

Although the College continued in a relatively prosperous condition during this troubled decade, it met with increasing difficulties in several areas. Its outstanding library, which reached over five thousand volumes by the end of the 1850s, and its fine museum, which was also being constantly improved, both drew some good students to the school. But by 1859 there were five medical schools in the state, most of them with standards and/or fees lower than those at MCG. A real blow to the College was the opening of a new school in Mobile, which threatened to attract many Alabama students from Augusta. A new college was thought of for Griffin, and a night school appeared to be in Athens's plans.[9] Even new medical magazines, such as the *Atlanta Medical and Surgical Journal*, were now vying with *SMSJ* for contributors and subscribers in the upcountry, and each of the schools in Savannah published its own journal by 1858.[10]

The cumulative effect was to make the Medical College of Georgia, accustomed to an open field where in-state competition was concerned, look to its laurels. A two-week "preliminary Series of Lectures" preceding the regular session was announced for the 1860–61 term, where it was said that the professors would offer new and different information

from that presented in "their systematic course." Medals were voted to recognize quality work in student theses; the building behind the main MCG structure, used for practical anatomy, was renovated and enlarged in 1860; the main building was painted and repaired in anticipation of the 1861–62 academic year.[11] Partly to protect itself, the College opened negotiations with Franklin College to see if some sort of formal connection might be set up between the schools. The initial contacts, however, were unsatisfactory, so the Medical College entered the decade of the 1860s without official ties to the state school in Athens.[12] State aid of a sort *was* voted in 1860, however, when ten thousand dollars was set aside to provide the economic base to send twenty students who could not afford the fees to the College each year. Two worthy young men were to be chosen by the governor from each congressional district and four from the state at large. Although the measure seemed to be a wise move at the time, there was a question as to the selection process and to the quality of student that might be sent to the faculty in Augusta.[13] But the issue was a moot one as the Civil War intervened, temporarily ending the state's experimentation with this sort of scholarship arrangement before it was made operational.

That sectional feeling was affecting the policies of the faculty is also evidenced by the fact that the Augusta professors, who had done so much to emphasize the need for national medical reform and a national association to help bring these aims about, began to be suspicious of some of the purposes of the AMA. Before 1848 both the College and *SMSJ* were strongly in favor of national regulation of medical abuses. By 1854, however, the Augusta institution called out against possible action by Congress on this issue. Acting in conjunction with the Medical Association of Georgia, *SMSJ* took the position that it was the state's function, and not the federal government's, to legislate in this field.[14] Facing ever stiffer competition for students at home, the Medical College withdrew its support of the AMA's attempt to secure a six-month term and to enforce higher standards of medical education in 1855. "In a country like ours, evils have to work their own cure."[15] Such a comment and such a position is hard to comprehend coming from the same Augusta faculty that had called out for national reforms and had itself experimented with a six-month term unless it is taken within the national context of the vicious sectionalism that was working at the vitals of the nation. This

seemingly narrow and myopic stance is somewhat understandable when viewed in the harsh light of regional hatred in which it was made.

When Paul Eve took over as president of the AMA in 1857, the fears of his old colleagues seem to have been allayed, and particularly when Eve took Campbell as one of his vice-presidents. But Eve, now at the Nashville Medical College, was outspoken in his presidential address. As he saw it, the AMA had been "created to improve and advance medical education." It seemed clear that the schools themselves could not agree on basic policies to increase standards; hence, in the interests of medical excellence, "the schools must be controlled." In a clear statement of what he saw as the AMA's position, he said: "It is now too late for any physician to oppose, or any medical college to set at defiance, the moral power of this body."[16] Here was strong stuff, and it would probably have been challenged from Augusta had the speaker been any other than the revered Eve, a southerner and a Georgian with impeccable ties.

But though sectional feelings simmered, life went on in Augusta in much the same way it always had. The city had a taste of temperance in early 1850 when "the great Temperance man [Father Theobald Mathew] arrived. . . . He was escorted to the city by a torchlight procession" and spoke on January 18 at the Catholic church. Two days later he delivered an "excellent sermon" that was heavily attended. At about the same time, two new steamers appeared on the Savannah River, and the town turned out to see them. The *D. L. Adams* was reported to be the handsomest ship to appear in Augusta, but her fame was eclipsed only one week later by the *Hancock*, built in Pittsburgh, which arrived in Augusta after a voyage down the Mississippi to the Gulf, into the Atlantic, and up the Savannah.[17] It was reported that business was good in town and that the price of cotton was at a satisfactory level.

SMSJ reviewed Paul Eve's introductory lecture for the 1849–50 year, which devoted itself to the question of why public opinion of doctors was so low. Eve felt that the profession's lack of harmony hurt, and that it received little support from the public or from the government because of its fractionalism. Quacks and charlatans, passing for physicians, also damaged the legitimate profession's image with the people.[18] The desire for worldly goods apparently did not enter into the picture of why the profession suffered in its public image, at least in Eve's view, but the editors of MCG's journal could not resist the temptation to point out a

curiosity in 1852. Enrollment, it was said, was down in the North because so many young men had left school in order to go to California to look for gold. Such was certainly not the case in Georgia, the implication being that northern students were more venal and less idealistic than those from the South—and from Georgia in particular.[19]

The Medical College had a debating society that was intermittently active in student life. That the group did not always leave the space it used in a tidy condition is evidenced by a committee of the debaters asking permission to hold meetings "in the Lecture room adjoining the Library with the promise that the Society will appoint officers to see that no damage is done to the building and that the fire and lights are extinguished before adjournment."[20] Debating societies were social and political clubs that performed a number of functions on campuses throughout the South during the antebellum period. As sectional strife became more strident, these clubs assumed harder lines and became even more important in the lives of the various student bodies. It also became an annual custom at the College for the faculty to give the graduating class a medical supper. Frequently prominent guests were asked, and a speaker generally held forth on a vague—but uplifting—topic, such as the address in 1852 on the "power of thought" and on "hope." After the meal and the main speech, the faculty and students told stories and anecdotes. "The supper was in good taste, and on the temperance order, which cannot be too highly commended."[21]

The city council and MCG had a minor falling-out in 1853 over a question relating to property lines. In dispute was a strip of land along Washington Street where the College had been accused of encroaching on city property. Out of "deference" to the council's opinions, the trustees agreed to remove a fence and wall that MCG had built, but reserved "a few inches to the west to save a fine shade tree."[22] The agreement of the trustees hinged upon the willingness of the city to shoulder the cost of removal of the offending wall and fence. As a rule, however, the College and the city officials generally agreed. This may have been in large part owing to the fact that many of the physicians who made up MCG's faculty also served in important elective or appointive posts in city government. The mayor and council could be relied upon, in all really big issues, to do what they could to forward the good fortunes of MCG.

Augusta still had something of the air of a small town. When Joseph Jones came to the city to teach in 1858, he "wisely rented a small brick

house . . . next to Dr. Eve's." Jones's father, the eminent minister Charles C. Jones, always ambitious for his children, approved of his son's proximity to one of the early leaders of the Medical College. It was, he wrote, "a good arrangement to one of his profession."[23] In the following year Jones took unto himself a wife—Caroline Davis, daughter of a local Baptist minister—and a more ambitious house. He appears to have enjoyed himself thoroughly in Augusta, and he particularly liked the location of his new home at 90 Greene Street, which he found "as retired and as quiet as a country seat." He was less than two blocks from the College, only two from his beloved Presbyterian church, and two from the market as well.[24] In emulation of his father, who was well known for his religious work among the slaves, Jones established Sunday schools for blacks in Augusta. He himself taught in these schools at first, and they were very successful. He usually gave the children "a portion of scriptural history" each week and encouraged the formation of black choirs. Almost before he realized it, each of his schools had more than one hundred enrolled, drawn from "all ages."[25] Jones was carrying on the tradition of community involvement and responsibility that was a hallmark of the faculty at the Medical College of Georgia prior to the outbreak of the Civil War.

As Jones succeeded in all he attempted, Dugas became determined that minor reorganization at the College itself would help it to compete with the other local schools for students. In short, he and his colleagues, in addition to creating new preliminary courses, establishing prizes, and pressuring the state legislature to grant funds for scholarships, decided that the regimen of the school had become lax. In the spring of 1860 Dugas moved that a whole series of reforms be instituted by the faculty, no one of great importance, but the sum total of which might help give the College a new appeal. The number of weekly clinics was to be increased, the use of MCG's library was to be redirected, an effective schedule of laboratory cleanup was to be instituted, and class presentations were to be altered. As for cosmetics: "No fragment of coffin nor of shroud nor any material calculated to give offence to visitors shall be allowed to remain on the premises."[26]

In spite of financial problems and the difficulties associated with competition, the Medical College of Georgia entered the decade of the 1860s as "by far the best medical school in the state." By 1858 the institution "had already compiled an enviable record of solid achievement." It had been characterized by "enlightened leadership and gener-

ous state and municipal support." On the faculty were "some of the best medical minds in the South," and clinical instruction, so often spoken of by antebellum medical schools but so infrequently delivered, "was first-rate and free," overseen by the faculty at the City Hospital of Augusta. The Jackson Street Hospital and other clinics were available as well. Small wonder, then, that Joseph Jones felt he had found his niche in this small city he loved, and at an institution that prized research and writing as well as good teaching. His students may not have been of the highest caliber, but he was convinced that "their shortcomings" were "errors of the head rather than of the heart."[27] With his freshness and youthful enthusiasm he felt sure medical education could be reformed, and he expected the Medical College of Georgia to play a role in those reforms. His introductory address of 1859–60 concentrated upon that topic, and held up the study of languages as the best discipline for the whole man.

Jones and Campbell attended the annual meeting of the American Medical Association in 1859 at Louisville, where the former hoped to do something about raising the standards and requirements for entry into medical schools. But the meeting of medical school teachers that preceded the general meeting of the Association was boycotted by the Pennsylvanians and New Yorkers, so nothing was accomplished, much to Jones's annoyance and dismay.[28] He had also pieced together a collection of "coastal Georgia invertebrates" for the College's museum, working under the assumption that it would give the school something new and would permit it to compete for students, presumably from the lowcountry, who might not otherwise be attracted to the Augusta college.[29]

Jones made a distinctly favorable impression on the profession as well as on the city, but other faculty members—such as Campbell and Dugas—were busy covering themselves with laurels as well. In addition to the recognition Campbell received as a result of his research into the excito-secretory perception of the nervous system, Dugas uncovered a principle that, in the days before X-ray diagnosis, proved effective in determining if a shoulder had been dislocated.[30] And at the spring meeting of the Medical Association of Georgia, seven of the ten papers were presented by faculty members from MCG. Jones, not actually on the program, spoke anyway—upon invitation. The subject of his talk, which ran for ninety minutes and was extemporaneous, was "southern diseases."[31]

The national political and sectional situation began more and more to

intrude itself upon the local scene. The Compromise of 1850 broke down, and the question of slavery in the territories was reopened with the issue of the organization of Kansas. The ensuing fight split the Democratic party into proslave and antislave factions and did much to bring about the development of the new—and wholly sectional—Republican party. Violence and murder in Kansas between the advocates of the two sectional positions ensued. There was being fought in Kansas a civil war that was soon to engulf the entire nation. Political leadership on all levels seemed bankrupt, completely unable to cope with the terrifying force of events. The Clays and the Websters were gone.

In spite of the rhetoric and the threats, the flow of good medical students to northern schools continued, and it galled the Augusta officials. Philadelphia, at least as far as its medical student population was concerned, had strong overtones of a southern city. This phenomenon had been even more noticeable before sectional bitterness had begun to take its toll. During the 1845–46 year at the University of Pennsylvania, for example, 265 of the 432 students enrolled hailed from the South.[32] Although the percentage was not so large in the late 1850s, a very significant southern element opted for one of the excellent medical schools in that city. The Medical College faculty—and other faculties of southern medical schools—could not complain too loudly of this behavior, for many of them, particularly on the faculties in Augusta and Charleston, owed their degrees to colleges they could hardly denounce with honesty and consistency.

It actually took a major sectional crisis in the form of John Brown's raid on Harper's Ferry before the southern students in Philadelphia organized an exodus from the City of Brotherly Love. Mass meetings were held by prosouthern and proabolitionist students on 7 and 15 December 1859, respectively. At the latter meeting there were fights and rock-throwing incidents that caused the Philadelphia police to intervene and apprehend some of the more obvious troublemakers. "Among those arrested were a number of medical students from Georgia carrying bowie knives and revolvers."[33] On December 21 as many as two hundred students left Philadelphia by train for the South. Many of them went straight to the Medical College of Virginia, whose dean had been in close contact, but thirteen of these scholars arrived in Augusta by train on Christmas Day. Dean Garvin officially welcomed the new addition to the student body on December 26. The Augusta city council became so

agitated by the rumor that there were numbers of other students in the North who could not return for lack of money that "in a special meeting, promptly, and with uncommon unanimity" voted a fund of one thousand dollars to be made available to any medical students stranded in the North who might wish to complete their education at MCG.[34]

The class of 1860 contained sixty-two graduates (all but fifteen from Georgia), but the class of 1861 held only thirty-five newly certified doctors of medicine.[35] Presumably this group would have been considerably smaller had it not been for the accession of the southern students from the North. Although some had probably dropped out in order to join the war effort, the class was roughly half as large as the one the preceding year and down by forty from the antebellum high-water mark in 1856.

In Georgia the legislature and the state's congressional delegation seemed to be leading public opinion on the question of secession. The unionist traditions of the Whigs, destroyed as a party in the 1850s upon the rock of slavery, died hard in a state that had led the South in its strength of loyalty to the Union. Distinguished political leaders, such as Alexander Stephens and Herschel V. Johnson, counseled against secession and tried to rally the pro-Union forces at the extraordinary Secession Convention, which met in January 1861 at Milledgeville. Ignatius Garvin was chosen as one of the delegates to represent Richmond County, and he assumed a secessionist stance at this gathering. He was moderately active at the Convention, and his movements seem calculated to put off the final day of reckoning. But a key vote on 19 January 1861 showed the secessionists in a majority, and the official vote on the ordinance of secession followed. Georgia had followed South Carolina, Florida, and Alabama out of the Union.[36]

As most others did, Garvin threw in his lot with his state and with his colleagues. In fact he even went to Charleston on 11 April 1861—one day before the firing on Fort Sumter—to see if he could be of assistance. Lincoln's call for troops to put down the rebellion in South Carolina brought about the secession of the Upper South, and the Civil War gripped the land.

The class of 1861 asked for, and secured, early commencement in order to join their friends and relatives in the war effort. The public nature of the occasion, always a feature at MCG graduations before the Civil War, was eliminated in deference to the martial mood.[37] Although there were lingering hopes that the North would not fight to keep the

southern states in the Union, these hopes faded as northern determination became more apparent. Initially it was thought that the Medical College of Georgia might have a regular 1861–62 term, but the evolving crisis destroyed this last illusion. Presumably in order to take a more active role with the war effort, Garvin resigned the deanship in September and was succeeded by Dugas.[38] *SMSJ* bade what it thought to be a temporary farewell to it readers in December. Campbell, it reported, was at a Georgia hospital in Richmond; Miller was with the Confederate forces at Manassas; Jones was serving on the Georgia coast; Ford was at Culpeper Hospital, Virginia; and the rest of the faculty "may be called into the field at any moment." Dugas, who favored neither violence nor secession, may have written the poignant concluding section that best expressed the fears as well as the hopes of Augustans, whose response to the Confederate cause had been electric: "Beardless boys, panting for blood, hasten to the rescue, while their mothers and sisters prepare materials to dress their wounds." None could deny the validity of the calling, but it was only to be hoped that the departed would return soon "with laurels upon their brows, to resume their accustomed labors."[39] Such, unfortunately for the students and for their College, was not to be the case.

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Chapter Six

The Civil War and Its Aftermath

The city of Augusta, a thriving urban center of roughly thirteen thousand people in 1860, was spared the ravages of war such as were visited upon Atlanta and Columbia. The town, however, was still mightily affected and, partly because it was located at the point where the Carolina and Georgia railroads convened, the depots were jammed with the curious who came to see the soldiers from other states as they moved to or from the Virginia front. To Joseph Jones, as no doubt to others as well, the swashbuckling Zouaves from far-off Louisiana looked for all the world like "french and spanish desperadoes."[1] The glamor of war soon wore off, however, when these same rail lines began to bring the wounded and dying from the fields of action to Augusta for treatment. The city had but sixty hospital beds early in 1862, so when the news reached town in April that perhaps as many as three hundred wounded and ill were being sent up from Savannah, municipal officials and physicians prepared themselves as best they could. Augusta's City Hotel and the Academy of Richmond County were pressed into service. Lewis D. Ford was put in charge of the situation, with Jones as his assistant. After First Manassas and Chancellorsville in autumn of the same year, hundreds more wounded poured into town. The Medical College building was expropriated for offices, and its amphitheater was apparently used for operations. Typhoid, syphilis, and smallpox all became local health concerns. Vaccination was strongly recommended, even for the camp followers who showed their faces around town, much to the consternation of Augusta's sheltered matrons. By the summer of 1863 the Second Georgia Hospital was set up on Broad Street between Fifth and Sixth; shortly thereafter a third hospital was necessary, and it was placed in the

First Presbyterian Church. Surgeon William H. Doughty was in charge of the Broad Street facility. Doughty later held the chair of materia medica and therapeutics at MCG.

As the war dragged on and as casualties mounted to an appalling number, the local medical authorities reached the limit of their endurance. Finally the Confederate Medical Department had to take charge of the situation, and Blackie Hospital was built in Augusta to help lighten the load on the other facilities. In similar fashion, the early months and years of the war found the majority of hospital work near the fighting being done by various state organizations. In Virginia, for example, Georgia's sick and wounded were supported by the Georgia Hospital Association, with Henry F. Campbell in charge. Local Augusta and Georgia money was earmarked for this particular use, but the procedures involved were not predicated upon the assumption of an extended war nor upon the monstrous number of casualties it would cause. So this system, too, broke down, and the Confederate Medical Service had to expand its scope in order to take proper care of its sick and wounded.[2]

Shortages of all kinds struck Augusta, from coffee to salt to medicines. In October 1861 the indefatigable Jones published an article in *SMSJ* on indigenous remedies in the South that might be used to counteract a shortage of medicines during the war, and particularly a shortage of quinine.[3] But generally speaking the town prospered during the Civil War. The textile mills and factories on the canal ran at—or near—capacity; a pistol factory for the Confederate Army was located in the city; fifteen hundred women in town were kept hard at work piecing and sewing uniforms for the men in service; the arsenal, scene of an exciting but bloodless encounter between federal troops and Confederates in January 1861, was dramatically enlarged. Finally, the Confederate Powder Works, which sprawled out two miles along the Augusta Canal, produced somewhere in the vicinity of 2,750,000 pounds of powder during its brief three-year existence. George Washington Rains, later on the faculty as professor of chemistry and then dean at the Medical College, was in charge at the Powder Works. Industrial development was given such a boost that Augusta became a major supplier for southern armies.[4] After only a brief period at the end of the war, the city, like Columbus and many other fall-line towns, recovered and rebuilt its industry with startling speed.

The periods of ebullience and optimism were, however, succeeded by

ones of fear and depression as the war went on and as the force of southern arms was gradually worn down. Sherman's invasion of northwest Georgia and his relentless march on Atlanta heightened the community's rather schizoid personality. Would Augusta be a prime target? The excitement of being associated with a just cause began to be replaced by the phrenetic realization that the cause was also a lost one. Community depression mounted as Atlanta became gradually encircled; alarms came daily after the city fell in September 1864. Sherman chose to ignore Augusta, however, moving instead down the rail line toward Savannah, with an almost casual eastward excursion of his troops to the state's capital in Milledgeville. The war, in effect, was over for Georgia by the time Savannah fell in December 1864, but it was not until May of the following year that the first federal troops came into Augusta and occupied it. By then Lee had surrendered and most Augustans, resigned to defeat, had already begun to plan a return to as normal a routine as possible under the circumstances. Paul Eve's niece, Eva Berrien Eve Jones, railed against "the vile abolitionists," and denounced the authorities for permitting Augusta to be "fearfully filthy" and beset by typhoid, which was "all over the city," but beneath the surface the community prepared to make the best of a nasty situation.[5]

Troops and civilians alike returned to their homes to face the reality of defeat, and among those coming back to Augusta were the faculty members who had made the Medical College of Georgia an outstanding institution prior to the outbreak of hostilities. It was not to be expected of such as Eve, Campbell, Jones, Garvin, and the others that they would let military defeat destroy the institution they had worked so hard to build. It comes as no surprise, then, to learn that the faculty compacted once more to carry on, and almost as though nothing had happened, the academic term was opened on time in the fall of 1865. Forty-seven students registered, including "three from the United States army," and eleven received diplomas the following spring.[6] In the summer of 1866, the *Southern Medical and Surgical Journal* was revived, under the editorship of Dugas, William H. Doughty, and Henry William DeSaussure Ford, son of old dean L. D. Ford and member of MCG's faculty since 1858. Optimistic assessments of the College were broadcast; a brave attempt to carry on was made.

But the fact is that the Civil War had caused drastic changes in the outlook and impact of the Medical College of Georgia. Its éclat was

gone; its spirit, if not broken, was stilled. The numbers, the money, the influence, the enthusiasm, the drive, the determination to try something new—all were misplaced in defeat. Crippling losses hit the faculty: Campbell's defection to New Orleans, although temporary in nature, struck like a thunderbolt; Miller resigned to enter state politics, where his career was to be capped by a U.S. senatorship; perhaps worst of all, the ambitious and driven Jones left for greener pastures in Nashville, where he had "the prospect of a more certain and ample support." The "pecuniary prostration" he experienced in Augusta was lethal to the proper "support for a young and increasing family."[7] As a final blow to the College's image of itself, the authorities found that *SMSJ* had to be abandoned after but a year; the expense was simply too great. Garvin, one of the strongest of the old guard faculty, resigned his position in 1867,[8] to be succeeded by Doughty, who, although capable and conscientious, was unable to play the kind of leadership role the College needed at the time to pull itself together. Although the school rallied to convince Campbell to return in a new chair of operative surgery and surgical anatomy, the corner was not really turned. Miller had been replaced by the bland Edward Geddings, son of a famous father, Eli Geddings of the Medical College of South Carolina, and the dynamic and research-oriented Jones had his shoes filled by George Washington Rains, formerly commanding officer at the Powder Works and regent at Richmond Academy.[9] Rains had no medical degree, save for an honorary one from MCG, and though he proved competent in chemistry, his performance suffered in comparison to Jones's, who, in spite of his interest in writing and the laboratory, was an inspired teacher worshiped by his students.

Sensing trouble, perhaps, MCG made new overtures to the University in Athens to see if some sort of satisfactory relationship could not be worked out whereby it might serve as a medical department for the state-supported school. Thanks largely to Dugas, who was determined that such would be brought about, and to Hope Hull, president of the College's trustees, the approval of the Augusta faculty was unanimously given to such an "incorporation." The arrangement as worked out between the two institutions also received the endorsement of the University's trustees. On 1 August 1873 the latter group approved the articles previously discussed by committees from both institutions. The College became "the Medical College of Georgia being the Medical Department

of the University of Georgia," but the Augusta trustees and faculty retained autonomy and the practical day-to-day control of policy. The diplomas were to have the seal of the University imposed upon them, and the chancellor of the Athens school would sign these documents, but they were to be awarded in Augusta in a separate ceremony. The University did not volunteer responsibility for any debt incurred by the Medical College, nor did the Augusta school expect it—or financial aid from the legislature, for that matter.

Although on the surface the association between University and College seemed—and was—somewhat tenuous, it was the legal tie and its implication that was looked upon as being the important aspect. On the University's part, affiliation with MCG meant broadening its academic as well as its geographic horizons. A formal alliance with a school with such a distinguished past could only bring credit to Athens, it was thought. On the other hand, the College looked upon its marriage to the University as being a giant step away from the proprietary image associated with so many of the medical schools—really "diploma mills"—that were popping out like the pox throughout the country during the cynical postwar years of the Gilded Age. By formalizing its relationship to the University, the Medical College tied its star to the only officially state-chartered and state-supported—allbeit shabbily—institution of higher learning in Georgia. With the prestige of the government behind it, the Medical College hoped to assure its own continued existence. In terms of modern parlance, MCG had "scooped" the other medical schools in the state.[10]

But the 1870s were not good years for the College. This fact was similarly reflected in many of the other institutions in Georgia during that period and indicated the uncertainties in the state's economy as well as in its collective mind. Faced with the harsh realities of complete military and political defeat, the people of Georgia cast about for a system to replace the one that had been destroyed by the war. Although the economy and the agricultural habits of the state had changed to suit the crying needs of the war years, the tendency after the conflict was to return to the old ways of doing things. Faced with a black population that was now at least technically free and mobile too, the white landowners sought a new labor system under which to grow cotton, the cash crop that seemed to offer the brightest hopes for economic recovery. Many of the erstwhile slaves, after urban flirtations with the cities, returned to the country, resulting in new systems of getting man and land together.

But whether it be crop lien or sharecrop or cash rental agreement or some other system, the evolving postwar economic pattern was clear: cotton was to be king once again and, owing to the bitter economic realities of the day, was to be a more despotic monarch than ever it had been before the Civil War. It was a system that, in the long run, benefited neither property owner, sharecropper, nor laborer and, in fact, ground all these classes down toward the subsistence level and laid the groundwork for a series of agricultural revolts in the state. The one-crop economy, to dominate Georgia throughout the rest of the nineteenth century in spite of Henry Grady's preachings, helped fix the state in a colonial relationship to the rest of the country.[11]

It was hardly to be expected, then, that the Medical College could thrive in such a time. Nor did it. Georgia, dominated after Reconstruction by the strict constructionist, laissez-faire Bourbon Democrats, had neither the money nor the desire to make significant state appropriations to MCG or any other college in the state. Local support was as generous as it well could be, considering the economic exigencies of the day, and Augusta set up a polyclinic in conjunction with the College in 1867, followed by a dispensary located on Washington Street two years later. In 1869, a new city hospital was built behind the Medical College building on land leased by the trustees of MCG and the Academy of Richmond County to the city. It was expected that this new facility, staffed and managed by Medical College faculty, would provide the kind of useful clinical experience for the students that the College had enjoyed in the past. And so it did for a number of years.

But enrollment fell during this time by more than forty in 1870, although the presence of a number of chemistry students from Richmond Academy made the situation not seem as critical as it was. By the 1872–73 term, there were but thirty-two full-time students at the College and only fourteen graduates at commencement in 1873 and 1874.[12] The affiliation with the University may have helped somewhat after that, as enrollment gradually increased in spite of the economic blight and competition from more and more "diploma mills." In 1875, a number of women enrolled at a local school attended Rains's chemistry course and brightened the generally grim atmosphere that hung about the College at the time. But there were to be no women officially enrolled as medical students at MCG—the authorities made that abundantly clear when ap-

plication was made in 1897 by a rather daring Mrs. O'Connor.[13] The faculty was not ready for *that* sort of innovation.

Nor was the faculty ready for other kinds of innovation, for that matter. The last decades of the nineteenth century were ones characterized by material values and standpat attitudes in medical education as well as in politics. Curricula established decades before became dogma; entrenched faculty members, once agitating for reform, began to advocate the status quo and were more vitally concerned about procedures, income, and their successors than teaching excellence. Among the Augusta faculty, long-smoldering jealousies and discord surfaced after the seventy-year-old Dugas resigned as dean in 1876 and was succeeded by DeSaussure Ford. By 1877 the factionalism that had lain dormant for so many years at the College broke spectacularly into the open. When Dugas suggested that the teaching body ask the College's trustees to establish a new chair for his son, the pent-up rivalries and frustrations of the preceding forty years burst forth. After a series of painful meetings, Dugas's request was turned down, but he was given the privilege of naming an adjunct to his old post. It was to be understood, however, that the adjunct had no claim of any sort on the chair of surgery if and when it was vacated. Predictably, Dugas named his son George to the adjunct post. Observing Dugas's success, Campbell asked to be given the right to name an adjunct to his position, having his nephew, A. Sibley Campbell, in mind for the job. Acrimonious debates ensued once again, and a faculty vote on Campbell's proposal resulted in a tie. Horrified by the ugly situation, Geddings resigned from the faculty, but Dean DeSaussure Ford, who had the vote to defeat or affirm Campbell's request (and himself a son of a former dean), concluded that adjunct to a second chair was not desirable. His vote defeated the Campbell motion. Ford then moved swiftly to implement a proposal by Rains on 12 April 1877 that a committee comprised of Joseph Eve, Dugas, and Lewis Ford be constituted to which "all questions now disturbing the harmonious working of the Faculty" would be sent. Geddings, apparently assured that there would be no more outward signs of mayhem at faculty meetings, withdrew his resignation, and the internal situation at the College returned to something resembling quiet dignity, at least on the surface.[14] But the wound opened by these bitter exchanges was never to be completely healed.

Although the Dugas-Campbell feud was simply a climax of decades of

quiet bickering, in another far more serious way it was a turning point for the College. This battle of the giants, in the estimation of one observer, "marked the end of the faculty as a cohesive, harmonious and dedicated group." The school, already in decline, continued downhill, particularly as the first faculty, now hoary, was too often replaced by "men of mediocrity."[15] The idealistic fervor of the past was gone; the business ethic, with its emphasis on profit and material values, was triumphant. Even the resignations of oldtimers Dugas and Lewis Ford in 1882 failed to put a stop to the trend toward nepotism on the faculty. Although both men submitted emotional and genuinely moving letters of resignation to their colleagues in March,[16] it was business as usual in April when Campbell once again demanded assistance in the form of a relative to help him with the load placed on him as a result of Ford's retirement. In the same month, Robert C. Eve made a motion that Edward J. Eve be named "Clinical Assistant." The motion passed, and three Eves were now found within the restricted walls of the Medical College: the aforementioned Robert in materia medica, therapeutics, and medical jurisprudence; the newly added Edward; and the doyen of the clan, Joseph, still holding forth in obstetrics and diseases of women and children. Two months later, failing in his bid to employ a faculty member from outside Augusta, new Dean George Washington Rains hired George Dugas in institutes and practice of medicine.[17] The College was becoming too localized and too closely associated with a few families who thought of faculty positions at the school as personal property to be handed down like heirlooms.

Nevertheless, the triumph of science and research in education, being given its greatest boost about this time in the halls of the German universities, echoed modestly even from the banks of the Savannah. One of the benefits expected to proceed from the new association with the University of Georgia, described as "in the zenith of its prosperity," was that "shifting responsibilities" made it possible for Joseph Eve to "devote exclusive attention to Obstetric Science" and associated topics. The annual announcement for 1874–75 confidently stated that Eve's experience over the years would offer much to the student "in this field, which, within a few years, has been lifted from the low level of an *art* to the rank of a *science.*"[18] At the same time fees, which had been kept relatively high, were lowered to conform with other charges in the University. Matriculation and practical anatomy fees, paid on a one-time basis, were pegged at five and ten dollars respectively; the diploma fee was a flat thirty dollars,

and a full-course ticket cost fifty dollars for one year's worth of classes.[19] The thesis, which had fallen by the wayside long before as a serious requirement for graduation, was officially made optional.[20]

The immediate result of lowering fees and eliminating the thesis was an upturn in the number of full-time students. Fifteen more aspiring physicians enrolled in the fall of 1874 than had committed themselves the year before.[21] Board in Augusta was promised a few years later as running "from $20 to $25 per month,"[22] and a local paper bragged about the facilities at the College in 1878. The museum there had "twin Colts, Cyclopean pigs, skeletons of beasts," and the dissecting room had an excellent "supply of what Mark Twain would call 'nice fresh corpses.' "[23] Charles T. Rich, the janitor of the College (whose duties included much more than that title presently implies), helped handle the housing problem for students. Rich, whose work at the College ultimately earned him a medical degree, ran afoul of the city authorities in 1881 as a result of his keeping a cow on the College property close to Augusta's hospital. The faculty ordered Rich to clean the stall "daily and thoroughly," and warned that a second complaint from the city would mean no more cows—or other animals, for that matter—"on the College premises."[24]

DeSaussure Ford resigned as dean in 1880 and was replaced by Rains,[25] whose tenure in the post lasted but four years. The latter was able to distribute handsome dividends to each of the professors at the end of the term in 1881, and in that year there were thirty-six members of the graduating class, making it the largest of the postwar classes to date. Commencement exercises for 1881–82 were marked as the semicentennial celebration of the Medical College. The city's opera house was full to overflowing for the festivities, which featured long processions of dignitaries, students, assistants, faculty, and even the dean's female chemistry students from the Academy of Richmond County. Chancellor Mell of the University awarded the degrees; more speeches and prizes followed; and the crowd broke up satisfied they had attended both a colorful and entertaining spectacle.[26] Less than a month later Dugas and Lewis Ford, who between them had taught at the College for 103 years, resigned from the faculty, as aforementioned.[27]

Edward Geddings succeeded Rains in 1884, and one of his first suggestions to the faculty was that it abandon the old didactic form of lecturing for the newer, fresher, question-and-answer technique.[28] There is no evidence to indicate that the faculty followed his request. On the

other hand, it was Geddings who spearheaded the move to hire George Dugas and, upon Robert Campbell Eve's death in January 1885 (Joseph's son), Geddings secured the appointment of his own nephew, Theodore Lamb, to the chair of materia medica and medical jurisprudence that Dugas had held for only one year.[29] Traditions of service and duty, once paramount considerations on the faculty of the College, were apparently being supplanted by a thoughtless nepotism and a tendency to play medical musical chairs with the professors and the professorships.

Even Campbell took on something of the role and traditions of the old guard. As chief officer of the AMA in 1885, he presided at the association's convention in New Orleans. "Southern oratory rolled in resounding phrases" from his tongue, reported Morris Fishbein, but it was not just rhetoric for its own sake. Campbell, the last of the old guard reformers at the Medical College, also had a serious purpose. Among other positive things, he "urged the establishment of a section devoted to forensic medicine" and devoted a significant portion of his speech "to discussion of the relationships of medicine and law with particular emphasis on expert testimony and malpractice." He suggested the formation of a committee by the incoming president, of which he himself would *not* be a member, to study the "little understood relations of the medical man to the tribunals of law." The committee was appointed, and it recommended the creation of "a Section on Medical Jurisprudence" within the Association, which was accordingly done in 1886.[30]

Earlier Campbell, who had always kept his eye focused on the national scene, had led a campaign to convince Georgia's political representatives in the nation's capital that they should back an effort to save and disseminate certain indispensable medical records for posterity. He spearheaded a petition, also signed by Joseph Eve and Dugas, to secure "a commodious fireproof building for the Army Library & Museum of the Surgeon General's Office in Washington."[31] The following year Campbell headed the AMA and worked with John S. Billings, Robert Fletcher, and others in national medical circles on questions of significance to the entire country. Following Campbell's retirement from the College, the tendency toward parochialism at the school, apparent in the 1870s and 1880s, continued apace.

By 1880 the College had returned to a position that might be termed "moderate prosperity," but the innovative leadership that typified the history of the institution before the war was gone. As the old-time faculty

died or resigned, it was replaced by men whose ideas were quite different in many respects from the founders. This is not meant so much as a judgment on the newer generation of faculty as a comment on the times. Each generation must, of course, reflect its own age and its own thinking. But it is hard to deny that MCG, which had been found in the vanguard of various reform movements in the antebellum period, withdrew into a protective shell after the Civil War.

There are several good reasons for this introverted trend. The general spirit of the period, for one, was provincial and suspicious of reform. The AMA, in fact, reflected this same tendency in the last decades of the nineteenth century. Developments in Georgia and on the local level were, however, more important in explaining what was occurring at the Medical College. The state at first found itself saddled with a Bourbon Democratic leadership that stood for self-help, laissez-faire, and the political control of the old plantation elite (with the help of their new cohorts, the northern businessman and investor). By 1880 this control was being challenged at the polls by Independent Democrats who decried the unholy pact between the Old Guard and the carpetbaggers. What was the farmer, ground down to the point of poverty while the manufacturing interests and the railroads profited, to get out of all this? Lip service to an agrarian ideal, perhaps, and subservience—nothing more. So the farming interests began, about 1880, to organize themselves in the state in order to make their desires heard. They felt strongly that the "little man" should be given an equal chance—there should be no tariffs, rebates, or freight rate differentials aimed at giving preferential treatment to one aspect of society over another. This element in Georgia, then, was wresting control from the Old Guard on the state level at the same time the Campbells, the Eves, the Dugases, and the Fords were retiring from the Medical College. This new generation of state leaders viewed education with a jaundiced eye. The University in Athens, where so many of the past politicians had been educated and where they had made their first important contacts, was looked upon as a rich man's plaything. Education to the point of being able to read and write was desirable, but beyond that who needed the effete Latin and Greek training that was offered at the University?

The Medical College, which was the medical department of the state University after 1873, suffered in part because of this association with Athens. But it also suffered because the legislature, which fell under the

control of the Farmers' Alliance elements in 1884, questioned the validity of establishing minimum standards and guidelines that any schools—including medical colleges—must follow. Charters for the creation of all kinds of schools were handed out on the most liberal basis, the idea being that each institution would set its own standards and that, presumably, each grouping of schools would articulate some sort of overarching understanding among themselves as to curriculum, length of term, and so on. The reality of the situation, however, was quite different; the schools engaged in vicious competition for students. Minimum standards, as expressed by faculties or boards of trustees, were ignored with impunity when institutions vied with one another. The anti-intellectualism in the Georgia Assembly, becoming more and more apparent as the 1880s went by, was strengthened by the sad sight of Georgia's medical schools loudly proclaiming their excellence on the one hand, but acting quite differently on the other. The legislators, cynical about the task and function of higher education to begin with, were having their worst fears confirmed.

No incident reflects so clearly the decline of the old elite, the minimal statewide influence of the new group at the Medical College, and the strength of the resentment in the legislature against special interests (including higher education) as an effort in 1889 by Dean Geddings and Chancellor William Boggs of the University to secure from the Assembly an appropriation for the Medical College. Joseph B. Cumming, president of the College's board of trustees at the time, appears to have spearheaded this effort. His committee consisted of Charles Colcock Jones, Jr., also of the old leadership cadre, and Geddings. Cumming's brief letter of resignation as president of the trustees speaks volumes, footnoting as it does the impotence of the spokesmen for higher education. Cumming, Jones, and Geddings put together a memorial asking for state aid to the Medical College through the board of trustees of the University. The reaction of the latter board was favorable, but the hope for the College depended upon "a liberal appropriation" from the legislators in Atlanta. But at that point optimism ceased. Cumming's appearance in Atlanta was a mortification. In offering his resignation from the Medical College trustees he commented tersely: "It would do no good and would certainly revive no pleasant memories to recount to the Board the opposition, coupled with undisguised scorn and prejudice, with which an overwhelming majority of the Legislature met every proposal by whom-

soever advocated to make any appropriation whatever to the University. Of course, therefore, the effort to secure aid for this College of the University totally failed."[32] When it is borne in mind how generously earlier legislatures had treated the Medical College, and how easily men such as Antony and Dugas had lobbied successfully for what they wanted, it becomes clear that the focal point of political power had changed radically. Left to its own devices, and with only limited resources available locally, it is not surprising to find that the school on Telfair Street became more introverted than ever before.

That the College was not willing to give up so easily, even after the embarrassing scorn and derision that had been heaped upon its proposal for aid reached their peak, became apparent in the school's *Annual Announcement* for the academic year 1889–90. With its "ample income," excellent faculty, and full complement of students, the College could have been "one of the foremost institutions of the land if Georgia, conjointly with other States had not adopted the very foolish policy of chartering a number of competing colleges, all sole judges of their own requirements, both for matriculation and graduation." There were ten such schools now in Georgia and about forty times that many in the country at large. The result of such a policy was easily predictable: students went where the requirements were lowest and "the time the shortest." The upshot was that the standard of medical education in Georgia and neighboring states was "actually lower . . . than it was thirty years ago." The only hope for redress was a "vain" one—the legislature. Far from hearing of severe problems in education and doing something about them, the legislature was the culprit responsible for those problems.[33] While "enlightened people" all recognize the value of higher education, and as "great universities" go up in the North and West, "it seems passing strange that Georgia should be content with the ideas of the sixteenth century." The medical community was deeply concerned about this, but its "position in the community . . . has been sinking lower with every decade." The "constant admission of incompetent men into the profession" had caused respect for the physician to nose-dive. "Unlike the poet, the doctor is not born; he is trained. We have but few such in Georgia. Our colleges cannot furnish them" until the situation improves. Since the Civil War defeat, the people of the state are poor and cannot afford to go North or to Europe for their training "as we did of yore," so

the state found itself caught in a conundrum. Shall Georgia continue on its "mad way," or will the legislature heed the plea of the advocates of higher education?[34]

Such, then, is a sampling of the problems faced by the Medical College in its postwar years. Suffering from a loss of prestige, reeling from an identity crisis, bereft of its influential prewar faculty, besieged by the forces of materialism, pressured by competitors to lower standards and reduce terms, the school still somehow managed to survive these lean years. But the warning signals were up for the state, the College, its faculty, and the entire Augusta community to see.

Chapter Seven

Eugene Foster and the 1890s

The 1890s were a watershed decade in American history. Economically and culturally the United States had changed dramatically since the Civil War. Immigration patterns had altered radically too, with the shift from northern Europe to the southern and eastern areas of that continent bringing into the country literally millions of people who did not conform to the usual image of what an immigrant should be. Italian, Balkan, and Russian Catholics and Jews poured into the cities of the North speaking their non-Teutonic foreign tongues and worshiping their non-Protestant Creators. Oriental immigration in the West became, for the first time, a factor of importance. Cheap labor to man the huge factories that had begun to mar the landscape since the 1860s competed with the native work force. Even in Augusta, which already boasted a large and useful Irish population, these immigration trends were apparent when Chinese laborers were brought from the American West Coast to work on expansion of the Augusta Canal. Many of these workmen and their families stayed on, in spite of local suspicions aimed in their direction, to form the nucleus of the relatively large Chinese community that still is part of the Augusta scene at this writing.

Charged discriminatory rates by the railroads, who also controlled the grain elevators and other ancillary services the farmers needed, the agrarian interests in the West and Southwest joined political hands with the disgruntled, radicalized farmers of the South. The Populist Revolt—with its call for government ownership of means of production, control of the railroads, democratic political reforms, and cheap money in the form of the unlimited coinage of silver—filled the eastern establishment with

foreboding. The "Gay Nineties" of song and vaudeville were, in fact, anything but that.

It was a time of ever-increasing agrarian unrest in Georgia as well as in the country at large. This dissatisfaction, however, was ultimately overcome by a burgeoning imperialism in the nation that took as its core thought the Kiplingesque idea of the "white man's burden." Was this notion not, in fact, a natural concomitant of Darwin's concept of the origin of the species and Herbert Spencer's corollary doctrine of the survival of the fittest in society as well as in nature? So the United States went to war with Spain in this decade—a war the South could engage in wholeheartedly because the imperialistic theory behind it accepted without demur the South's long-held contentions as to race.[1]

But the 1890s were also a time of great invention and change. With many new techniques of communication, transportation, and allied fields at hand, a veritable revolution in the amount of available knowledge occurred. The laboratories of Europe and the United States were uncovering new experimental procedures and were inundating the learned journals with their discoveries. It is quite literally true that entire new fields for study and teaching surfaced at this time—fields that had existed earlier only in the minds of a few scientists. Original methods of teaching in medical schools began to catch on; new treatments were prescribed almost daily for the puzzled physician and the equally puzzled professor. Revolutionary concepts such as the germ theory of disease began to bring into question the basic content of many of the courses and clinical procedures taught in the country's medical schools. The startling discoveries of Rudolf Virchow, Robert Koch, and Louis Pasteur—to name but a few pioneers in scientific medicine who made their mark in this period—caused professors and physicians to reassess many of their most cherished beliefs and practices. Medical colleges, meanwhile, were being forced to rethink their curricula, hire additional professors at significant cost, and purchase sophisticated and expensive new equipment such as slides, microscopes, and microtomes. A brand-new school, the Johns Hopkins University School of Medicine, entered the lists of American medical education in 1893, bringing with it a daring four-year curriculum that incorporated the best of recent thinking in medical teaching and research. From the start it was the new ground-breaker in American medical education.

But what of the medical colleges that had in the past run so smoothly

and so successfully and were now—without endowment or substantial state aid—faced with the question of incorporating all these new data and techniques into their curricula? How could they increase the faculty, institute new programs, bring in specialists in the "new" fields of pathology, bacteriology, and the like, and yet at the same time keep tuition fees and entrance standards at reasonable levels? What, particularly, of the proprietary schools like the Medical College of Georgia, that had only a tenuous connection with the state and that depended almost wholly upon tuition for their income? As the years went by, and as the nineteenth century turned into the twentieth, the situation for these kinds of schools became more and more acute. Decisions—hard ones—were going to have to be made.

Augusta's population, meanwhile, continued to boom, more than doubling in the decades between 1870 to 1890. In that latter year, 33,300 people, a small majority of them white, called the town home, and although the city's growth slowed during the troubled 1890s, the town still found itself with about 40,000 inhabitants in 1900—not many less than it had eighty years later. Eugene Foster, who was a community booster as well as an able administrator, commented in 1895 upon the reputation for healthfulness that Augusta and Summerville, located on the sandhill outside town, enjoyed, particularly for tuberculosis. In fact Summerville had been called "Mount Salubrity" for a century. An effective "street railroad" connected the settlement to the markets of Augusta, and it was only a pleasant thirty-minute trip. On the hill one might enjoy "the quiet and beauty of a suburban residence." A "good turnpike also offers inducements for pleasant drives to those who keep their equipages."[2]

The 1890s, at least on the surface, did not seem to be too bad for Augusta and its medical school. Most assuredly Tom Watson and his Populists raised any number of political hackles in town, but he was counted out at the ballot box—and was in any case ensconced a comfortable distance up the Georgia Railroad in Thomson. And there was more desultory talk about levees after the million-dollar flood of 1888. Admittedly the registration at the Medical College seemed to go rather crazily up and down. The Panic of 1893, which had so heightened the woes of the farmers, hit hard, and cheap cotton hurt even worse. But enrollment always seemed to bounce back. Where there had been but 4 in the graduating class of 1895, two years later the College bragged about its 135 students—the largest medical school in the state for the first time in a

number of years. It was "financially and numerically the most prosperous one [year] the college has enjoyed since the war," said the dean in his annual report.[3] The College got an alumni society together in 1891, and at its first meeting the following year DeSaussure Ford was elected president.[4] Ford, who had been dean during the difficult 1870s, assumed that position for a second time in 1893 upon Geddings's resignation. He, the faculty, and the trustees obviously considered the appointment a temporary one, as Thomas R. Wright was given the position in 1894—just in time, as it happened, to preside over a drastic decline in attendance.

Wright apparently did not care for his administrative duties. This consideration, coupled with the enrollment problems, led the trustees to conclude that another dean should be sought. In 1895 they chose Eugene Foster, MCG graduate, long-time president of the Augusta Board of Health, former president of the Richmond County Medical Society (RCMS) and of the Medical Association of Georgia, head of the Medical School Alumni Association of the College for 1894–95, expert on municipal sanitation and health, and author of a number of articles including one on Augusta's yellow fever epidemics and another on compulsory vaccination.[5] It was Foster's charge that enrollment must be brought back to an acceptable level. He succeeded rather easily in this regard, but Foster had his own charge that he may well have considered to be even more important, and that was to bring the antiquated Medical College up to standard both in its physical plant and in its curriculum.

As for the former, the faculty was keenly aware that the hospitals in which it worked and taught, especially Augusta's city hospital, were woefully inadequate. During Wright's term and earlier, the faculty, in order to do something concrete to correct the situation, did not take its year-end dividends. At the same time the city of Augusta was convinced to add a third floor, two wings, and an operating room to the city hospital, and to make other improvements. For the blacks, money was found in the will of Gazaway Bugg Lamar that made it possible to construct a new building for them, appropriately named for the benefactor. Lamar Hospital was completed by the summer of 1895 and brought better facilities to the black portion of Augusta's population than it had enjoyed before. Both of these hospitals were controlled by the hospital committee of the College's faculty, and the school felt that it could point with justifiable pride to the clinical opportunities that these facilities now provided its students. The fate of the unlovely "pest-house," officially known as the

Hospital for Infectious Diseases and situated at Gwinnett and Lincoln streets in the middle of a neighborhood, is not clear.[6]

In 1897, under Foster's direction, a thirty-nine-by-fifty-foot amphitheater was constructed to the rear of the College's Cluskey building. The area could accommodate 350 people, and was attached to the newly refurbished city hospital. With the Lamar Hospital relatively close by, these facilities comprised an impressive medical grouping for a small city and would roughly compare to today's health center complex on Fifteenth Street. Even so, voices were raised at the time, including Foster's, that suggested the College and its hospitals move out of the congested downtown area. A new home might be found either in or close to the Augusta Orphan Asylum, located on the Georgia Railroad at the outskirts of town. Such a move was, of course, ultimately made, but not until the Abraham Flexner report of 1910 galvanized both city and Medical College into frenetic action.[7]

The question of standards, lengthened terms, new professorships, and the like were far more complicated than the bricks and mortar issues. The Medical College had been coming under increasing pressure from its peers by 1890 to add a third term, alter its floating entry requirements upward, and generally make a concerted effort to turn out a better-rounded product. In May of that year a meeting of representatives of a number of medical schools convened in Nashville and suggested a series of improvements that might be made in southern medical colleges. Although the faculty in Augusta was impressed by the recommendations out of Nashville, it also looked upon most of the ideas presented as being unrealistic—perhaps even outlandish. This attitude was reflected in the College's *Annual Announcement* for 1890–91, which was presumably drawn up by the faculty. (The derisive wit has a Fosterian ring.) The Nashville recommendations to improve standards had been read "with deep interest but many misgivings." It was the opinion of the College that "arbitrary rules, regulations, and requirements" would not work; the creation of such "things by fiat of will, has never succeeded very well since Genesis." It would be impossible to follow Nashville's suggestion requiring a knowledge of French, German, Latin, "and the Scandinavian language, whatever that may be," for entry to the College. To hold such standards would mean "empty benches" because such language programs were unheard of in most of Georgia's schools. Perhaps the Medical College could offer certificates for those wanting them in Italian,

Greek, Latin, English composition, advanced Mathematics, and so on—but as for Scandinavian there was a serious problem: no teacher for it. The author wondered if the committee from Nashville could pass its own test.[8]

There was more to the author's point than simple ridicule, however. He reminded the Nashville committee that a Civil War had been fought scarcely a generation before, and that southern society was still poor. After a "military spoilation unparalleled in history," only the land was left. The simple fact was that the College could not afford a third-year program and therefore would not adopt one. But the school would go to the five-month term, which the College had tried in 1878 but abandoned after one year when no other local schools followed its lead. Although MCG graduates may not qualify as "scientific physicians," and although "their abdominal surgery may lack the boldness of Jack the Ripper," these graduates would in a few years be able to diagnose and treat the diseases they faced locally "with practical shrewdness which would astonish those of more ambitious training."[9] But in spite of the adamant tone of the *Announcement,* a third term was added in 1893, each term was extended to six months in length, standards for graduation were tightened, a complex set of entry requirements was spelled out, and "the faculty of the school was reorganized."[10]

None of this was done too soon, it turned out. In the following year a State Board of Medical Examiners was at last created—a board Cumming, Ford, and others had lobbied for unsuccessfully some years earlier. All graduating physicians, from the class of 1896 on, were to be required to take a state exam before they were permitted to begin practice on their own. Presumably the expanded term and the broadened curriculum would help the College's graduates clear this final hurdle. The state law, passed in December 1894, was an interesting one in several particulars. Strikingly, the original board of five created for graduates of "the regular school of medicine" had no physician from the Medical College or from Augusta in its makeup. Two other regulating boards, one for the homeopaths and the second for the eclectics, were created. Augusta, long touting itself as the medical center of the state, was represented only by Dr. M. A. Cleckley on the homeopathic board, and it had no doctor on the original eclectic board. Foster, who noted all these figures without comment, must have been keenly aware of the oversight. He felt that the law would be "a death-blow to short college courses," and said that all of

Georgia would look to these boards "for protection against the medical ignoramus," whatever the school of medical thought. Pseudodoctors currently wandered through the state like a "horde of unprincipled traveling medical mountebanks."[11] Although he did not say so, it must have been galling for the Telfair Street school to have it own faculty overlooked, accustomed as it had been to securing prominent places on state boards. It was not long before voices in Augusta cried out that this state board asked more difficult questions of the graduates of MCG than of the Atlanta Medical College. The faculty was reported to be "madder than March hares," but the College's professors indignantly denied the whole story. Even if they had felt discriminated against in such a fashion, they would not want to have their views aired "in the public prints." The rumor did an "injustice" to the faculty and the board, too.[12]

The state board did not prove to be the effective measure Foster had optimistically predicted, but it was a beginning. It reflected, at least in part, the developing feeling that state government owed its citizens the responsibility to establish minimum standards for those who would be practicing medicine in Georgia. Antony and the early founders of the Medical College had originally established this principle back in 1825, but it was here being enunciated again.

The Medical College and Chancellor William Boggs of the University had a rather serious misunderstanding in 1893. The affair is particularly useful in illustrating problems associated with the curious and unstructured relationship of the Athens institution to the Augusta school. Boggs had been quoted in the *Atlanta Constitution* to the effect that the medical education offered in Augusta was inferior. The College's dean and the faculty bristled, fired off a telegram to the chancellor, and received assurances from Boggs that he had been badly "misrepresented," and was "taking measures" to see that corrections were made. Boggs's clarification was ordered printed by the faculty and was sent out with the new catalogs.[13]

In essence what happened was that Boggs, upon being asked if, in his opinion, the chancellor should sign the diplomas of the "Branch Colleges in the system," said that it was unwise to do so for a school where he had no control over the courses being offered. He was pressed by the reporter to clarify his meaning, so Boggs went on to say that he had worried about the medical diplomas because "sufficient *literary and scientific education was not required for the admission of students into the Medical*

College." He emphatically denied saying anything at all about "*the medical education given in Augusta,*" and stated that the quotations attributed to him were fabricated. Boggs hoped that the new policies being instituted in Augusta would render the College "in no material respect inferior to those [standards] enjoyed in New York or in Philadelphia." He commended the faculty for putting aside its dividends "to secure the necessary appliances" to bring the school's standards up, and expressed willingness "to wait until the Faculty could raise their standards of requirements for admission step by step, as we are doing in Athens." Although he claimed to have no prejudice against the branch colleges in the University System, Boggs made an exception when those colleges began to compete with the University for whatever "meagre funds" were available. The University cannot "commit Hari-Kari" to support the branch colleges. The overall plan for the system, based on a Jefferson-like notion of one major university with branch colleges and district schools clustered about it, was good—on paper at least. If the scheme was failing, then, it was not the fault of the idea, but of the people entrusted with putting it into operation.[14]

The unanswered question in all this was where the Medical College of Georgia fit into this statewide network. Although the College and Boggs worked together well enough, as evidenced by the nervousness of the Augusta faculty when Boggs resigned his position,[15] the lines of responsibility and relationship were not clear. It was left up to Chancellor Walter B. Hill in the early years of the twentieth century to define the issues and conflicts involved, and to pose his own solution—a solution that he did not live long enough to bring to maturity and that would most likely not have been acceptable to the friends of the Augusta school in any case.

At the end of the century the old Medical College building was "used exclusively for didactic instruction and laboratory work." Its first floor (actually the basement) was devoted to the "preparation and preservation of subjects," and the second floor contained the chemistry lecture room, the chemical and pharmaceutical labs, the library, and the students' reading rooms and classrooms. The top floor of the building held the dissecting rooms, the biological lab, the College's museum, and the lecture amphitheater. The lecture rooms were furnished with "opera chairs" to prevent crowding and obstructions,[16] but the whole structure must have been badly cluttered after sixty years of accumulation and constant, hard use. Foster suggested that a telephone be placed in the staid old building

"for the convenience of the Faculty" in 1898, an idea which met with considerable enthusiasm. An amendment to the motion was moved and carried that the phone so placed be "the Bell rather than some other of that company's competitors."[17]

Deans get some extraordinary requests. Witness a letter from Robert J. Matthews to Foster in 1898, mailed from the Alabama State Penitentiary in Spigners, Alabama. Matthews felt sure the dean was "no doubt . . . aware that I am serving a life time sentence" and had no money whatever to his name. It would be an enormous aid to him, Matthews said, if Foster would send "a certificate of my diploma without the money, as I am practicing for the prison." (He had "misplaced" an earlier certificate that had been sent, and assured Foster that he would "greatly oblige" this particular alumnus by acceding to his request.)[18]

Great excitement was created in the Augusta community and at the College by Joseph Eve Allen, who opened the 1896–97 academic year, Foster's first full session, with an address that attacked the role of orthodox religion and theology in blocking the advancement of science. Some who heard Allen's remarks thought they detected an inherent assault on the Bible. Indignation and outrage mounted. Positions polarized. Local ministers and their congregations saw unspeakable danger in Allen's assertion that in any controversy involving science and theology the former was right and would always triumph eventually. Foster found himself subjected to pressures that could not be ignored, so he offered a set of resolutions to the faculty deploring his professor's remarks. Allen himself seconded this motion, citing for his action the desire to keep the faculty from being embarrassed by his words. The resolutions stated that if a professor "or attachee" of the Medical College spoke out against the religious teachings of the Bible, then it would be "sufficient cause to ask for the resignation" of the offender. In defending himself, Allen maintained that his theme, the "evolution of modern medicine," did not actually attack religion per se, and drew a careful distinction between religion and theology. There was no inherent conflict between science and religion, Allen claimed, but scientists may object to religion telling it in which direction to go. The student body, led in this instance by Eugene Edmund Murphey, who was to have a long career with the school, circulated a petition in support of Allen and secured the signatures of all enrolled save one. An eloquent statement, probably authored by Murphey as well, defended Allen's right to speak out, but the storm soon died

down. The faculty resolutions, with copies sent to the board of trustees, the students, the Augusta newspapers, and to the *Atlanta Medical and Surgical Journal* for publication, soothed ruffled tempers. The trustees watered down the resolutions and admonished the faculty to stay clear of such issues in the future. Here the controversy ended, but the issue was both an old one and a new one, more sharply focused in the 1890s as a result of the dramatic developments occurring in science.[19]

The Medical College increasingly found itself in the awkward position of being aware of the new fields opening up in medical education, but being either unable—or in some cases apparently unwilling—to make the sacrifices required to broaden the curriculum to incorporate these new trends. One result of the new areas of study being introduced across the nation was mounting pressures at the College, which had gone to a three-year curriculum only in 1893, to add a fourth year soon thereafter. The school had been bitten on this sort of issue before, and upon extending the length of term had been faced with declining revenues and falling attendance. As a compromise, a fourth year was added in 1898, but only as a recommended course. The College, in spite of what may have been the better judgment of its faculty, procrastinated. Foster and William H. Doughty, Jr., later to be one of MCG's outstanding deans, lobbied with the legislators in Atlanta for the state to pass a law making a four-year course mandatory for Georgia medical schools before a degree could be granted. The Assembly demurred, but such a movement was in the air and would not be denied. The Augusta school, however, failed to take the lead in Georgia in this instance and found to its chagrin, in April 1900, that the Atlanta College of Physicians and Surgeons had voted independently to go to a four-year status starting with the 1901 session.[20]

Similarly, recommendations from the faculty to the trustees that separate departments for dentistry and pharmacy be created got nowhere, so when the Atlanta school began to offer both, the dental department coming from the Southern Medical College and pharmacy from the Atlanta Medical College, the Augusta school slipped another notch.[21] Boggs, who was keenly aware of these developments, slapped the Medical College's wrists in an 1897 letter to Foster where the chancellor cited "the great need of more thorough work in your laboratory of Bacteriology." He referenced the recent "vast development" in that field and mentioned that he had "pretty definite information that you have lost some pupils and are likely to lose more, because other schools offer advantages in

Bacteriology." Boggs did not want to be misunderstood again: the complaints did not come "from enemies of your College," but from those who wanted better things for it.[22]

C. M. Blackford of the Atlanta Medical College was hired for the chair of pathology in the same year, and the school found it necessary to pay him a salary of eighteen hundred dollars—considered a princely sum in those days. Even so, Blackford stayed on the Augusta faculty only one year, being lured to the Smithsonian Institution in Washington, and the College found itself competing in the job market again. It made a wise choice in selecting Theodore E. Oertel in the spring of 1898. Oertel's main thrust was to be in bacteriology (in response to Boggs's not-so-gentle goad), histology, and with "the teachings in the pathological laboratory." Oertel, who found the equipment hopelessly antiquated and the materials in the pathological laboratory appalling, announced in October 1898 "that he had selected Drs. W. H. Goodrich and E. E. Murphey as instructors in his department."[23] (He had previously been given free rein "to purchase as he found need" and to eliminate the "old fixtures and specimens as he saw expedient.")[24]

In spite of the Medical College's efforts to keep pace during the 1890s, internal developments within the faculty indicated that the battle was uphill. Tensions still existing among the professors occasionally broke to the surface, frequently reflecting other weaknesses in the system as they did so. For example, William H. Doughty, Jr., who possessed more of a sense of the national scene in medicine than many of his colleagues, said in 1896 that he had talked with William Osler of the Johns Hopkins University about locating a highly trained young man for the position in chemistry at the Medical College. Osler had volunteered to keep his eyes open for the Augusta school. James M. Hull (ophthalmology), Augusta native and MCG graduate, took exception to this intervention and said that the College could not wait for Osler's determination. In fact, Hull "knew a man who could fill the chair acceptably." Foster sided with Hull, who was also joined by Thomas R. Wright and Thomas D. Coleman (medicine). Doughty was supported by Allen and George Wilcox (gynecology, materia medica, and therapeutics). Hull's candidate, James B. Morgan, MCG graduate and assistant to the chair of operative surgery at the College in 1895, ultimately won the contest, partly because of his backing from a number of influential Augusta trustees, and in spite of DeSaussure Ford's siding with Doughty. At the same time Morgan was

added to the staff for a one-year term, Henry C. Doughty, previously demonstrator of anatomy and assistant in gynecology, was nominated to the full faculty as well.[25] Still, Foster could express astonishment that MCG was "being assailed" by a member of the board of trustees for low standards. The trend toward introspection, nepotism, and parochialism continued as the century hurried toward its close.

Probably the most insidious development, though, was the crass materialism of the period. The late 1890s were boom years and Foster, who led the school through this period, made no bones about profit being the main aim of the men who were associated on Telfair Street. In spite of all the problems to be faced, his annual reports took on a rather Pollyannish tone. In 1897 he said plainly that "we have the very best school in this section"; in 1898 he stated that MCG was "in the forefront" of medical education.[26] But his rhetoric had changed by the following year—perhaps in the face of the imposing competition that was shaping up in Atlanta. It may also be that he thought it was time, at the turn of the century, for a more objective summing up. Whatever the case, his lengthy précis delivered to the faculty in April 1899 is a revealing document and probably gives the reader a more accurate idea of problems and weaknesses at the College than any other nineteenth-century item.

Enrollment was good, Foster said, but probably not quite what it should be. Furthermore, the prospects for 1899–1900 were not so rosy because the graduating class had been large and a number of the students enrolled in the preceding session were not returning because of "dissatisfaction of some of our pupils on the subject of clinics." He went on briefly to other issues, but it was the question of clinics and clinical responsibilities to which Foster kept returning. He said frankly that the faculty was cheating the city by the "slipshod, perfunctory and oft-times negligent manner in which clinics are held both at the polyclinic and in the hospitals as well." That such was the case was beyond doubt—the number of students who had complained to him on this subject convinced him of that. Refusing to "mince matters," he stated that the school's reputation had been "seriously damaged" in the eyes of its best students. One member of the faculty had met his clinic only once during a month's term. The press of private business was not a legitimate excuse to use to avoid clinical work. If such an attitude continued, "our school is certain to go down under the fierce competition now existing between Medical Colleges." In the past, the College's strongest advantage had

been the variety of clinical experience it could offer, but this asset was being frittered away. If there is a conflict between a clinical assignment and private business, "the College should take precedence." By holding clinics without knowing the ailments of the patients and without seeing the patients beforehand, we have "often made ourselves ridiculous" to those under our charge. We can "escape the merciless criticism of our students" only by better serving the College, particularly in the clinics. Foster, known for his outspokenness, pinpointed shameless cheating habits that students had developed because of lax discipline, recommended reinstituting a system of fines to help assure faculty performance of its duty, pleaded with those under him to revive their energies and enthusiasm, leveled another blast or two, and asked his colleagues to elect a new dean.[27]

If Foster expected his faculty to be nonplussed, he was disappointed. They formed a committee and charged it with responding to the dean's report. The resignation offer was not taken seriously, and the professors sarcastically commended Foster for "so ably, so fully and so fearlessly" pointing out their "shortcomings" to them. His recommendations for a new laboratory building were deemed "impractible"; the section relating to cribbing was laid by (Foster was thought to be too harsh in his indictments); and the statement on clinical service was watered down. Should a physician discover that his private practice was causing his clinical work to suffer, then it was his duty to resign from the faculty.[28] No mechanism for review or assessment was created, however, and the whole question of clinical responsibility and allied problems waited many years for an adequate solution.

On the other hand, although he might rail at the weak spots he detected in the College's makeup, he was—at least in part—responsible for the strident materialism that seemed to color the motivations of everyone associated with the school. Although it is apparent from certain of Foster's actions that he knew better, it is difficult to read the minutes of the faculty under him and not get the distinct impression that one of the main reasons the College existed was to make money for the faculty. The session ending in April 1897 was "numerically and financially" the best since the Civil War. The dividend presented an "equally gratifying" picture, amounting to a gargantuan $5,937.50. (The largest previous dividend since the War had been $4,200.)[29] With more students the following year and, correspondingly, more income, there should have been a

larger dividend, but "betterments" in the form of new equipment, the new amphitheater, and the like cut into the remainder. However, the next year, 1899, was a banner year for the College—"prosperous beyond that of any term in the last forty years." Even after the payment of Oertel's eighteen-hundred-dollar salary, each professor received seven hundred dollars at end of term.[30]

The end of the century's declining enrollment, increasing competition, and escalating costs of medical education caused Foster's enthusiasm to be dampened considerably. As an effective organizer he knew it was appropriate, particularly after the improvements that had been poured into the physical plant, to see MCG "run for the least dollar compatible with efficiency of service." He appeared to blame some of the problems the school faced more on the "low price of cotton" than on matters of curriculum and faculty. To him the school was, pure and simple, a business concern and must be run that way. "This faculty are banded together as a business proposition. No one of us is here as a matter of sentiment." Everyone accepted his check "gladly and promptly"; if anyone "has ever entered any kick about a dividend except as to its want of fatness" then he did not know about it. "Business is business and it [the College] can only be run on business principles." If a church were run on the same principles as MCG had been run in the past, Foster maintained, then that church "would be in the hands of a Receiver inside of one year. If the work of Grace cannot prosper under our methods of business how can we expect a purely business concern like our College to survive?"[31]

This curious admixture of business and education, which seemed in Foster's case—and he was simply reflective of the general rule in the United States at the turn of the century—to put more emphasis on the former than on the latter, underscored one of the gravest problems the proprietary medical schools in the country had to face as they crossed over into a new century. The period of educating for the profit of the educators was fast coming to a close. The proliferation of knowledge, the necessity to invest in costly new equipment, the incredible competition among schools, and the sophisticated new fields of endeavor that were now surfacing in medical education were seeing to that. It may be that Foster, presiding in his wary, businesslike manner over MCG, had an inkling of these developments. Whatever the circumstances, he watched over the Medical College of Georgia not just at the turn of the century, but at the end of an era in medical history as well.

Chapter Eight

The Storm Approaches

The new century seemed to start quietly enough. The pace of life was slow; it was a time when gentlemen "in white linen suits . . . strolled Augusta's shaded boulevards. They walked slowly, their green-lined umbrellas held high against the summer sun, nodding and smiling to a dozen or so friends, acquaintances and passers-by." Now and then "a horse-drawn fire engine would roar down the middle of Broad Street while startled pedestrians gawked and children squealed."[1] The pace, in fact, was so slow that the second and third called meetings of the Medical College's faculty failed to produce a quorum[2]—a rarity for the school, and perhaps an indicator that the enthusiasm of the faculty was not what it once had been. At least the social life at the College picked up with the establishment, in 1903 and 1904, of the first Greek letter fraternities. Their presence caused considerable controversy for a time and an anti-Greek organization emerged, but this crisis also passed. The College took up football on a relatively organized basis in 1907, and the young men at the school enjoyed the usual opportunities of fishing and hunting that the river and the countryside near town afforded. In fact, Noel M. Moore of the faculty stated that no few students "were in need of a shower bath, especially after their exercise on the athletic field," so the registrar was empowered to install such a facility—at a reasonable price. As for the tedium of class attendance, the faculty was determined to regularize the situation. The assembly bell was to ring on the hour with classes beginning five minutes afterwards and concluding ten minutes before the next hour. Cheating on exams had come to be a chronic problem, and the faculty wrestled unsuccessfully with ways to stop it. The honor system most emphatically did not work, so the sophomore class presented the faculty with its solution to the question in 1907, in the form of a tongue-in-cheek petition. To abolish "cribbing" it

was clear that from henceforth all exams "shall be *oral,* and we be graded by same." The solution, simply, was to "*cut out written examinations.*"[3]

But the students were also quite capable of looking at the Augusta situation with serious objectivity. In 1901 the class that would be graduating the following year presented the faculty with a "communication" that tackled some of the problems the Medical College had to address more frequently as the years went by. For example, the students pointed to a "notable decline in attendance on the medical courses during the past few years." They discreetly noted "partial dissatisfaction among certain elements of the student body," and asked if the rumors about "an alteration of curriculum and instructors" were true. They pledged their loyalty to "our beloved Alma Mater," and were warmly enthusiastic about the ideas to enlarge and improve "the force of lecturers or curriculum."[4] The young men had been premature in their assessment of the situation, and the faculty apparently felt sheepish about the unsubstantiated rumors about reform. At their next meeting the professors had a pro forma "discussion" about "the advisability of making some changes in the curriculum and in the Faculty," so Foster named a committee of three to look into the feasibility of the situation.[5] Nothing so dramatic as what the students anticipated was done, however.

The faculty at least seemed much disturbed by competition from so-called diploma mills in the vicinity, and was in touch with the Medical College of South Carolina on this issue. Dean Francis L. Parker of that school cautioned his Georgia counterpart to steer clear of accepting transfer students from the University of the South. Sewanee, in fact, had no standards, advertised falsely, accepted matriculants into what were supposedly "advanced" courses on their own word, and positively campaigned for students "without any credentials at all." Parker hoped Augusta would adopt an "identical policy" with the Carolina school of rejecting such students when they applied. MCG lost a number of its weaker students to Sewanee in 1900–1901 as the school went to a four-year curriculum, and Sewanee had five former Medical College students in its graduating class of 1901. Four of them had failed at MCG. "Sewanee seems to be the City of refuge for these men," Foster commented wryly. As a result of low standards and low fees, "dullards" from all over flocked to the Tennessee school, which graduated 109 M.D.'s—or what passed for M.D.'s—in 1901.[6] Foster, whose school contained but 115 students all together for the 1900–1901 term, said that the rule

of not taking any students after the October 15 deadline meant that they had "refused fully 20 . . . during the term just closed." However, he wanted it "distinctly understood" that he was not suggesting a relaxation of standards, nor lower fees, nor less than full sessions. The College should keep to its work "irrespective of number of pupils," but it was nonetheless clear that the allied questions of enrollment and standards caused him sleepless nights.[7]

The following year was a little better, at least insofar as the number of matriculants was concerned. It was particularly gratifying, Foster pointed out, to have so many students from South Carolina present—twenty all together, with ten of those in the graduating class. It meant that they had "sacrificed state pride," and must now go before the Carolina state examiners with their Georgia degrees. They must have "felt assured that our college offered them better facilities for a modern medical education than did the one in their own state."[8] Today's students, he admonished his faculty, "are caustic critics"; we would do well to listen to what they have to say.

Foster, in spite of his brave words, was keenly aware of the storms on the horizon. The school's product left a great deal to be desired, as he best knew, but he felt powerless to effect the kinds of reforms that had to be made, particularly because of the times. Still, change and competition in the air meant a "crisis" for the school that "cannot be avoided." The cutthroat rivalry between medical schools exceeded anything America had seen in the past. "It is a veritable conflict for the survival of the fittest." MCG must act, he said, to revamp the clinical opportunities and make the "didactic lectures equal to those of the best of our competitors." If the faculty continues in its "happy-go-lucky" way, "we cannot hope to survive." Although turning down three young men for degrees in 1902, Foster had been "deeply pained and mortified" to hear that a graduate from the class of 1901 had been rejected a second time by the State Board of Medical Examiners (whose standards were none too high in any case). His papers to the board were shown to Foster; they made the dean "blush with shame." The College, in reality, had degreed an "ignoramus" because he pleaded for mercy and the faculty gave in. For the sake of medicine, the school on Telfair, and "suffering humanity," vow to stop being "too lenient to dullards," he admonished his faculty. Even a "diploma mill" would not stoop so low as to award the degree to such a person.[9]

It is a moot question if Foster could have effected the reforms needed to fend off the colorful adjectives used by Abraham Flexner in 1910 when describing the glaring deficiencies of the Medical College of Georgia, for Foster died early in 1903, a victim of cancer. His place was taken by the venerable DeSaussure Ford, serving as dean for a third time.[10] He scolded his colleagues for being so poorly represented by papers at the upcoming Medical Association of Georgia 1903 meeting—"unfortunate," and "very bad policy . . . personally, and especially as regards our College."[11] Even so, he and Hull were soon found leading a faction in the faculty that tried to block creation of lectureships in pediatrics, genitourinary diseases, and dermatology. To Ford the "long list of Lecturers upon special subjects" that other schools had built up was not necessarily good for the Medical College of Georgia.[12] Hull and Ford failed to stop the hiring of additional men, but the vote was uncomfortably close.[13] It seems clear, in retrospect, that the sort of aggressive, ambitious leadership the College needed was not to come from the deanship under Ford.

Even Ford, however, understood the value that a tightened connection with the University of Georgia might bring; it could, in short, head off the extinction that Foster had seemed to predict. But it was not the College, characteristically, that reopened discussions on the relationship between the institutions, but the University. Chancellor Walter B. Hill, Boggs's able and driven successor, immediately put the faculty in Augusta on the defensive by writing them on the question of setting up a chair of pharmacy in Athens. Did the faculty know someone who might fill the position handsomely? James B. Morgan, instructor in anatomy and clinical surgery, moved appointment of a committee to consider establishing a school of pharmacy at the Medical College—an idea that had surfaced periodically, but about which nothing substantive had been done. Morgan also said that Ford should inform Chancellor Hill that such a path would be followed by the Medical College and was currently in the hands of a committee. The motion passed. Wright then brought up the question of sending a delegation to Athens "to cement" the relationship between the schools, but it was decided to see the governor first "and speak with him" about "an appropriation from the legislature" independent of the University.[14]

The idea got nowhere, but Hill passed through Augusta in late May and took the occasion to meet with Ford. The men obviously talked

business. Not long after, Hill appointed a committee from the University Council to meet with the College committee that had been set up by Morgan's motion, and throughout the 1903–1904 academic year serious efforts were made to bring the schools closer together. A list of seven requests was compiled by the Medical College as a working basis for the more intimate ties that seemed to be desired by both schools, but two of the requests were controversial. One involved the use of the canvassing officer of the University to perform his functions for the Medical College as well, and the other stated that the president of the College's board of trustees be made, by legal act, an ex officio member of the board of trustees of the University. Although it was felt that the schools should be closer, and although it appeared to be "in the interests of both institutions that the Medical department should sustain the same relations to the University as the Law department" did, a formula seemed impossible to reach in 1904.[15]

Ford's report to his trustees in 1904 does not leave the reader with the feeling that he was the man to bring about a meaningful alignment between the schools. He made a vague reference or two to the possibility of stronger links to the University, but overall his report leads one to wonder if he should not have voluntarily retired from the deanship. The tone he used to his trustees is actually a bit silly and, in spots, not very literate. "The Faculty," he reported, "felicitate themselves that the session has passed without jarr of any kind."[16]

Hill continued to cooperate with the Medical College. In January 1905 the chancellor wrote the dean concerning an important University Council meeting where the presidents of the colleges in the state system would discuss a number of wide-ranging issues. Although the Medical College's relation "is not quite so close as those engaged in academic work," Hill felt that the school's interest in drawing closer to the system would dictate Ford's attendance at the meeting.[17] He was mistaken. Ford, citing "very pressing College work" and anxiety concerning his family, apparently did not get around to reading Hill's letter until after the meeting had occurred.[18] Hill could scarcely hide his exasperation in his return letter. Have the faculty designate a medical student to give a brief talk at commencement in Athens—if you so wish (and Hill said he was well aware that Ford might not so wish). In any event, the chancellor concluded, "The other colleges composing the University will be represented."[19]

Although a good deal of time was spent trying to bring the Medical College and the University closer together, few concrete results came out of the negotiations of 1903–1905. The Medical College, lacking strong leadership, seemed to be dragging its feet; faculty and trustees were aware that some kind of integration into the system of state-supported higher education was both good and inevitable, but the school was reluctant to take the decisive step. The leaders of the College probably sensed that tighter ties with Athens meant a corresponding loss of independence for MCG, and at that they bridled. The ambitions of Walter Hill may also have been a factor, although no extant evidence indicates suspicion of his motives by the trustees and faculty in Augusta. It is the considered opinion of the expert on the University's first great chancellor that he very much wanted to bring about "a closer relation" between the schools but that "he had to move carefully" himself as his own trustees were suspicious of the branch colleges. It was Hill, in the opinion of Gerald Ray Mathis, who pushed the idea of letting "senior science courses at U. Ga. count toward the medical degree"—about the only significant point to come out of all these negotiations.[20] Hill had been supportive of any move in Augusta to raise academic quality and lengthen terms, particularly because he was keenly aware of the pressures from the AMA "for higher standards." His relationship with the Medical College "was primarily a formality," but his work "correlating credits for senior courses" avoided "wasteful repetition of course work" and appealed to graduates of the University who were anxious to attend medical school.[21] As a good reformer should, Hill wanted to eliminate redundancy and was determined to see the University reach a potential that he thought it had. Consolidation of the state's resources in higher education was one of his aims, and there is little doubt that he had a "long range plan or hope to move the med. coll to Athens." In one of Hill's papers there is "a space provided in architectural design for Med. Coll. to be located north of Phi Kappa Hall on that corner of the old campus which is still vacant."[22]

But Walter Hill, his work with the University system sketched out but unfinished, died in 1905 at the age of fifty-four. It was to be pressures from external forces that would ultimately bond the ties between the Medical College and the University of Georgia.

In light of later twentieth-century developments in American medicine, it is hard to argue with James G. Burrow's contention that

the years 1900–1917 comprised the most important period in the history of American medicine.[23] It was during this seminal time that a new element emerged within the AMA and gained control of that hallowed—and slightly sleepy—organization, changing it into "a devastatingly effective political organization." Although the AMA's campaign to upgrade American medicine ultimately included any number of techniques, its basis rested most sensibly upon the premise that superior physicians would be turned out only by superior medical colleges. It was painfully clear to medical leaders such as Frank Billings and Nathan P. Colwell that American medical education lacked the quality associated with the medical training in France, Britain, and Germany, and that the American physician stood nowhere nearly as high on the social or economic ladder as his European counterpart. It was to attack these allied problems of standards and status that the reform impulse within American medicine, itself a part of the overall Progressive Movement associated with national and state politics, was put into motion.

The success of the Johns Hopkins experiment even before the turn of the century clearly indicated that "American attitudes toward medical education had changed drastically between 1865 and 1893."[24] But the AMA seemed hesitant to mount a campaign that would improve national standards of medical education, one reason being that its membership had become increasingly influenced by physicians who had proprietary interests in the schools most needing to be reformed or eliminated. Instead of encouraging emulation of its performance, the Johns Hopkins school seemed unwittingly to have increased competition among the institutions with lower standards. The so-called diploma mills continued to flourish, with additional schools offering cheaper and easier courses. Standards at the average medical school sank even lower; catalogs, which trumpeted the virtues of their particular schools, "became increasingly imaginative." Entry standards were generally a farce in an open market for students where *everything,* including the high school diploma or its equivalent, was negotiable. "Often the ability even to read and write was not essential" for acceptance into the all-embracing arms of American medical education.[25]

Frank Billings, president of the AMA in 1903, pointed out these dramatic weaknesses in the American system and suggested ways to improve the quality of the physician produced by the nation's medical schools. He recommended a "complete reorganization of the four-year graded medi-

cal curriculum with pre-academic training and one year of approved hospital internship." Furthermore, he strongly urged "that the professors in the basic medical sciences be placed on full time" and that the same be done with the heads of the clinical departments "as soon as possible."[26] The immediate tangible result of his efforts came with the creation of the Council on Medical Education and Hospitals by the AMA in 1904. This group was to survey the medical schools in the country, weigh one against the other in a number of categories, and make recommendations as to standards, curricula, and procedures. The Council also developed a rating system for schools that ran from *A* to *C* and was first made public in 1905.

The inspections and the ratings proved to be most controversial in nature, but the Council stuck by its guns. Applying its standards to a variety of items including courses offered, physical plant, entry requirements, clinical opportunities, laboratory facilities, library and museum holdings, nature of the faculty's relationship to the college, and pass rates in state licensure examinations, the Council assessed the more than 160 American schools that called themselves medical colleges. The inspections started in 1906, and the results were ready by the following year. The Council maintained that it had been "very lenient" in its standards, a contention that would seem to be truthful, particularly when its ratings are compared with Flexner's only a few years later. Of the schools weighed, eighty-two were placed in the *A*, or acceptable category. This comprised about 70 percent of the schools surveyed, and the Medical College of Georgia was included in this heading. Forty-six schools were placed in the *B*, or doubtful, class, and thirty-two were rated *C*, or unacceptable.[27] Although the Council had no legal powers and relied on the force of public opinion within the medical profession, the licensing bodies, and the philanthropic foundations that were beginning about this time to pour large sums into medical education, the effect on medical education in the country was immediate. By 1910, when the Flexner report was issued, the number of medical colleges had already fallen by thirty, and by 1927 the total number of medical schools stood at eighty. Only nine Class B and Class C schools continued to carry on a precarious existence.[28]

As a result of criticism within the ranks of American medicine, the Council asked the Carnegie Foundation for the Advancement of Teaching to spearhead a new survey that would make use of the information

the Council had gathered—and add to it. Henry S. Pritchett, of the Carnegie Foundation, jumped at this idea when it was presented to him by the Council's Arthur Dean Bevan. He chose Abraham Flexner, talented and ambitious layman and brother to Simon Flexner, then top man at the Rockefeller Institute, to make the survey. The Carnegie interests were vitally concerned with reforming American medical education from within, just as was the AMA. The new emphases were to be on science and on a reduction in the number of physicians being degreed. With quality education offered to only the good student, the product would be more in line with what the profession wanted. Fewer doctors meant greater social stability and amelioration of the class irritations that had disrupted American society since the rise of the new-rich moguls after the Civil War. An incalculable increase in social and economic importance would be secured by the physicians, and their old respect and influence would be "regained."[29]

All of these sentiments, and more, reflected by men such as Georgia's Walter Hill, can and should be taken as consistent within the frame of reference of American Progressivism on the national level. The influence of these movements on the local scene in Augusta also cannot be ignored when attempting to comprehend the whirlwind of activity that encased the school on Telfair following the publication of the Flexner report in 1910. But even prior to 1910 the city had been prominent in instituting a number of municipal reforms, many of them with a Progressive cast to them. Eugene Murphey noted that the first milk inspection program was adopted in Augusta not long after 1900 by the local board of health (phasing out gradually the ubiquitous family cow, which had been a part of the city scene for more than a century). Meat inspections and the regulation of abattoirs were first introduced about 1908, and chlorination of the water supply was initiated in town "about 1911." All these points, and others as well, were noted as putting Augusta "many years in advance of neighboring cities."[30]

As part of the community the Medical College found itself caught up in these movements. Men such as Murphey and Hull were active in the community life of the city and played important roles in all stages of municipal endeavor. The movements to clean up the city, though, had a rather embarrassing impact on the College and its faculty in 1905 when, as a result of "numerous complaints of Physicians and Students," one S. C. Wilson, sanitary inspector for the board of health, visited the old

Cluskey building on Telfair Street. He wrote Dean Ford his findings, and they were not pretty. The two lecture rooms, "by reason of spitting on the floor," were in disarray, and the dissecting room was similarly dirty—"from lack of proper cleaning up dissecting clippings." Poor ventilation and "much evidence of tobacco juice" marred the amphitheater. The cellars were particularly wretched and required "immediate abatement." In the southwest corner was found "an accumulation of filth and trash of long standing, also a lot of old cloths and rags taken from cadavers." The northeast, in addition to "other trash" held "an old vat used years ago in which have been thrown bones from the dissecting room." There were no vents. The entire area "should be cleaned at once and a liberal distribution of lime be given to the ground. In fact the entire building with the exception of the Professors room displays great neglect on the part of the janitor."[31] The guilty party was the ancient Grandison Harris who, at the same time as this inspection, was put on pension and was replaced by his son George. The latter proved to be wholly incompetent, but he was never fired. "After all," Lane Allen has written, "Nepotism was a way of life at the Medical College of Georgia. The members of the faculty in 1905 were the sons, grandsons, and nephews of the early faculty." Grandison's "last accomplishment had been to pass his job on to his son in the tradition of the school."[32] So it is probably accurate to say, as Allen has done, that the filth of 1909 was probably the same as that in 1905—with four additional layers for good measure—and that it prompted Abraham Flexner's stinging remark about MCG's "exceedingly foul dissecting room." Flexner's comments, however, went deeper and uncovered flaws that neither dusting rag nor wet mop could correct. (They will be treated more fully in the succeeding chapter.)

With national currents toward reform in medical education flowing about them, MCG's faculty still preferred to engage in the kind of local bickering that had been so characteristic of the school since the Civil War. Their obsession with perquisites and with internal politics took up much time that might better have been devoted to other things. The jockeying for position in electing a successor to Ford early in February 1906 took an inordinate amount of time and exacerbated tempers. James B. Morgan, who wanted to be dean very badly, saw Murphey and his faction ally against him and pass a motion preventing a faculty member from voting for himself. When the first voting was held Morgan led the count, but he lacked a clear majority after three ballots. He then an-

nounced that when the faculty next met to consider the question he would vote for himself regardless. But by that time Hull had seen to it that Morgan's hopes were dashed. Joseph Eve Allen, who had not been one of the four candidates in the earlier sessions, was then nominated and elected dean.[33]

Somehow, although not without a long debate as to the pros and cons of the situation, the College voted in 1905 to join the Southern Medical College Association. This group was an organization of some fifteen schools headquartered in Nashville, where Vanderbilt University, an acknowledged leader in southern medical education, was located.[34] Still, the general academic atmosphere at MCG could in no way be described as healthy. As mentioned earlier, a campaign was mounted to prevent the size of the faculty from being increased. Although this movement failed, it reflected the feeling that the school had no urgent need to expand either its faculty or its horizons.

At about the same time as the inspection of the Medical College by the local board of health, the city hospital, located directly behind the College and remodeled not long before, was denounced by the faculty as "antiquated unsanitary inadequate in capacity and altogether ill adapted" for modern hospital use. The noise and smoke from the trains, which came within a few feet of the facility's front door, were decried, and the elevator—a new innovation only a few years before—"had been condemned by the Inspector."[35] The issue must, the faculty felt, be taken up with the mayor and his council as well as with the trustees of the College. The Augusta Orphan Asylum site was thought to be particularly desirable as the location for a new school complex, including a hospital, because it was removed from the grime of the inner city and was also near "the sick poor" of the town's "Factory district." In addition, the trustees of the orphan house were friendly to the idea as they wanted to move their operation into a rural district.[36]

More problems surfaced. The Lamar Hospital for blacks, also under the administration of the College, was reported by Wright to be in a "lamentable state of financial affairs." Not only that, but bitter controversies arose there between a member of the adjunct faculty and the superintendent, resulting in the release of a faculty member who "had abused and used profane language to Miss Sullivan, Supt." Threats were made to expose the drastic conditions at Lamar, and although the final outcome of this controversy is in some doubt, there is no question that

Sullivan's nurses subsequently resigned en masse.[37] In addition, the entire external structure of the Medical College of Georgia, which had been shored up as a result of the belt-tightening in 1895, appeared ready to collapse by 1910.

Surely the most objective report made about conditions at MCG came from its surprise dean, Joseph Eve Allen, in April 1906. He pulled no punches. Although the school had 111 students at the beginning of the session, about 20 of them had left because the claims MCG made in its catalogs were not being met and its facilities were inadequate. The fact that Augusta was becoming a winter resort had led to a number of letters of enquiry from potential northern students. These prospects had to be written and informed that MCG was unable to offer the courses that such students most wanted. The curriculum needed "immediate attention" in order to translate the College's offerings into a true four-year course. What we have, Allen said, is a makeshift three-year offering spread over four years. The courses that were offered failed to measure up to the standards of many state boards of medical examiners, a point that was made clear by an AMA survey of those who passed or failed the various state examinations and the schools from which they held degrees. That Georgia's standards were just about as low as they could get was evidenced by the fact that the South Carolina Board of Medical Examiners "ceased its reciprocal relations with the Georgia State Board" because the standards in Georgia were at rock bottom.[38]

Specifically, Allen claimed that the main building was in drastic condition, needed paint inside and out, and should be provided with electricity as its "gas fixtures are worn out and leaky." The dissecting room needed refitting, and new seats were a necessity. Although there were "still some valuable specimens left from the wreck of the Museum," it cried out for repair and proper storage. In short, the equipment and facilities on Telfair Street were wholly inadequate. The clinics, so poorly run when run at all, demanded complete reorganization, and a physiological lab was essential to keep up with "modern medical teaching." Furthermore, the bodies in the dissecting room were horrible. "The subjects used last session were absolutely unfit for dissection and the cutting up of such carron [*sic*] was nothing more nor less than a farce." Money was needed for expansion, but first the programs MCG already had must be strengthened. All around him Allen saw expenses—as well as decisions—that had to made in order to keep the College afloat. He implied

that the only solution short of bankruptcy was a closer University connection—something everyone had been "clamoring" for but about which little had actually been done. The mood of the state was more favorable to education than ever before, and both sets of trustees under which the College operated were willing to help "if we will but grasp it."[39]

At this time the Rockefeller Institute was approached for a grant—but only after the news had broken that the Atlanta College of Physicians and Surgeons had done MCG one better by securing twenty-five thousand dollars from the Carnegie Foundation.[40] The Medical College got nowhere with the Rockefellers, but it may have made Flexner's visit to Augusta in February 1909 a bit easier—for him at any rate. As he himself has said, almost everyone he met was remarkably cordial as they thought the Carnegie Foundation, for which he worked, might one day honor their school with a sum of money.[41]

Certainly the candid report by Dean Allen paved the way for the severe strictures visited upon the Medical College of Georgia in the Flexner report. His devastating remarks were not disputed. The faculty knew its own weaknesses, but it took the outsider Flexner to catalyze the school and community into action. Although some members of the faculty worked hard, it is impossible to escape the conclusion reached by a knowledgeable authority on the history of the school that MCG was in "rather deplorable condition" by 1909.[42]

Chapter Nine

Flexner and Beyond

Students interested in entering the College's 1908–1909 academic year might well have read the school's *Bulletin* and concluded that all was well. No period was "so bright as at present. The Faculty has recently been re-organized and enlarged . . . , and the curriculum extended so that it now covers the whole range of medical teaching. The laboratory and clinical facilities have been greatly increased, the term lengthened to seven months and the course so graded that the instruction is full and thorough on every subject." The quality of work, the curriculum, and the "opportunity" that the College offered in 1908 are "unexcelled, if equalled, by any other College in this section."[1] Comparing the *Bulletin*'s encomiums with Flexner's assessment, made at almost the same time, may make the reader feel that he is having two different schools described to him. MCG, said Flexner, "has no resources" and was housed in a building that, in addition to the filthy dissecting room mentioned earlier, contained "meager equipment for elementary chemistry, fair equipment for histology and pathology, and practically nothing for bacteriology." The museum was small, and the library "of mainly antiquarian interest." Clinical facilities were confined to the adjacent one-hundred-bed-hospital, about half-full at the time of Flexner's visit. The students got little or no obstetrical work there, the explanation being that most such cases came at night when the students were elsewhere, and there was "no evidence anywhere of clinical laboratory work." At the City Hospital of Augusta there had been a grand total of two postmortem examinations over the past six years, and although the hospital did have a dispensary, it kept no records. The Lamar facility, "described in the catalogue of the state university as 'located only a short distance from the college,'" was in fact more than a mile off.

In general Flexner analyzed the situation as beyond hope. "There is no

possibility of developing there a medical school controlled by the university." In fact he recommended that the University of Georgia disassociate itself from the Medical College; it should no longer "permit its name to be exploited by a low-grade institution, whose entrance terms—if the phrase can be used—are far below that of its academic department." These entrance requirements were cited as "Nominal"; of the ninety-nine students in attendance, twenty-six were on free scholarships from the state "to which the dean admits as many more as he pleases, generally at the request of congressmen." Therefore about forty-four of the ninety-nine registered were free students in one sense or another. His ultimate advice for the University: "SNAP THE SLENDER THREAD; THE MEDICAL SCHOOL WILL NOT LONG SURVIVE THE AMPUTATION."[2]

The Flexner report was not issued in book form until 1910, and December 1909 found the Augusta professors once again wrangling over the size of the Christmas dividend to be dispensed. But that fall the faculty had listened attentively to a report by William C. Lyle, who occupied the chair of chemistry and who had just returned from New Orleans and a meeting of southern medical colleges. He recommended very strongly that MCG pull out of the federation of southern medical schools and join, instead, the Association of American Medical Colleges (AAMC), which was working hand-in-glove with the AMA to improve standards in medical education. To Lyle's way of thinking, MCG should make its entrance requirements and curriculum those recommended by AAMC whether the school became a member or not. A new committee on the curriculum was moved, a new set of bylaws and rules governing the faculty was established, and the physiological lab equipment was ordered.[3] These actions, when added to the others taken before 1910, gave the College a head start in making the other needed reforms that were necessary following Flexner's blast. Many other medical schools were not so lucky.

To an observer on the scene, Flexner's strictures seemed "drastic." According to Eugene Murphey, then professor of clinical medicine at the College, "even among the teachers" there was "a defeatist element which was prepared to accept the verdict of this commission and to close our doors." Many of those who would have given up the cause as lost "were men of my generation but the older members of the faculty led by Thomas R. Wright [professor of principles and practice of surgery] . . . could not envision such an end." Although the minutes of the faculty reflect no discussion of Flexner's findings, it is obvious the secretary must have been

instructed to take no notes during the hot exchange this report stimulated. Murphey remembered that "fervid oratory" filled the faculty room, and when the smoke had cleared it was the defeatists themselves who had been defeated. The majority was resolved to fight rather than die quietly.[4] Here, he said correctly, was the impetus for building a university hospital, the acquisition of grounds and campus, and new quarters for the school. It was this "grim spirit of do or die," in G. Lombard Kelly's words, that now gripped the school, the community, the students, and the alumni of the College.[5]

William H. Doughty, Jr. (operative surgery and surgical pathology), son of an earlier faculty member of the same name, was elected dean in May 1910 to replace the ailing Allen, and it soon became clear that his regime was to change the old face of the College. New bylaws were discussed and adopted, the physiological "Apparatus" arrived, and dramatic alterations were voted for the curriculum. Courses now were to follow one another in a logical sequence, and the old pattern of "written lectures" was forbidden. At least on paper, the scheme was quite close to the "hours assigned to subjects by the Association of American Medical Colleges." Each professor was provided with a list of assistants and an "outline of the work" the assistants were to do. The notion was to "impose certain subjects upon each professor" with the understanding that he do what was expected of him. "Any further time at his disposal he can use as he sees fit." Revised articles of agreement between school and teacher were drawn up, and Wright began to mobilize local support by getting a committee appointed to talk with "a few prominent citizens relative to the welfare of the school." A division between the "Executive Faculty" and the "General Faculty" was made in order to clarify procedures and administrative details, and Dean Doughty began his travels—both near and far—to secure backing for the Medical College. In the fall of 1910 the school began a search for a dermatologist, and an obstetrical clinic, which he thought badly needed, was approved. Therapeutics would be offered by Professor Perley P. Comey of the general faculty, Allen was instructed to make the "Free Midwifery Service" under him operational, and at the end of 1910 Doughty reported on a meeting he had attended in Nashville with officials of the AAMC. Lyle's motion then empowered Doughty to tell the appropriate officials that the Medical College was "willing to incur all necessary expense for investigating this school." The dean was to attend the next AAMC meeting in

Chicago if he thought it might be useful to the College. It was clear that a new broom was at work in the musty halls of the Cluskey building, particularly when Murphey was censured for breaking rules by "absenting himself from the city and lectures without informing the Dean." Doughty and his new advisory committee were to write Murphey as to his "failure."[6]

Internal reorganization and fighting spirit were all well and good, but the question of the College's survival depended not so much on the faculty as upon the backing it received from the Augusta community and from alumni and supporters all over the state—that would be crucial. Fortunately for the future of MCG, all of these elements lent their influence and prestige to the school. One of the Flexner recommendations for Georgia was that the Atlanta medical schools be combined, as the Louisville ones had been, to create one effective college for training physicians. This consolidated school should then be incorporated into the University system as its medical department. The Augusta school would cease to exist—or if it staggered on would naturally be divested of its tenuous University connection. The supporters of MCG were adamant that this not happen.

They were also adamant in their determination that the city of Augusta, which stood to lose a great deal were the College to fail, be organized to do everything in its power to cooperate with MCG in its plans for the future. The faculty knew only too well the physical weaknesses of the school, and they were determined that their knowledge be transmitted to the municipal officials who could do something about them. It would primarily be up to the dean and faculty to clarify and cement the ties between the College and the University, to reorganize internally, and to secure state appropriations, but the wholehearted support of the municipal officials and the community in general had to be won for MCG to survive.

To wring a satisfactory rating from the national agencies and to assure the crucial University connection, two things had to be done immediately: another home must be found for the College, and a new city hospital had to be built. Furthermore, actual hard money would be necessary in order to expand services, hire additional faculty and staff, and purchase the new equipment that was so urgently needed. Some groundwork in all these areas had been accomplished even prior to 1910, and the faculty had put up nine thousand dollars in 1908 as a fund from

which to work. But public opinion and community support had to be marshaled. Doughty, with able assistance from Wright and Murphey, appears to have been a master at doing just that. Before 1910 was out, he informed the faculty of progress he had made in his campaign toward a new building and read a letter that had been sent to thirty-five leaders in the community soliciting their support in all these undertakings.[7] He need not have worried in this case. The Chamber of Commerce of Augusta, electrified into action by Flexner's recommendations, sponsored a meeting that was attended by as many as 250 people, all of them important names in the community. The chairman of the board of trustees of the College, Joseph Rucker Lamar, soon to be named to the United States Supreme Court, emerged as the leader of this meeting along with local attorney William H. Barrett. The latter was named permanent chairman of the funds drive to be initiated in the city, and almost fifteen thousand dollars was raised that night in support of the undertakings of the College. Doughty told the rally quite frankly that the College's present quarters and the old city hospital simply would not do for a medical school in the twentieth century. He recommended that the Augusta City Council cooperate in every way that it could to see that the College be moved to the larger, more up-to-date building, formerly the Augusta Orphan Asylum. In order to speed the city on its way, Doughty had already talked with the orphanage's trustees and had secured an option on their property. Mayor Thomas Barrett gave the crowd his assurances that the city would back any sensible scheme to help the College, and he was as good as his word. Students at the College raised over fifteen hundred dollars for the fund, and the Augusta ministers apparently devoted a whole Sunday's worth of preaching to the subject—and collected a mammoth fifty-five hundred dollars. "By the end of the month [of December] the figure rose to $41,662," an eloquent testimonial to the faith Augustans had in Milton Antony's school.[8]

Shortly after the turn of the new year, Barrett recommended to his council that guidelines be established whereby the town could go about the construction of a new hospital. At roughly the same time, the Lamar Hospital burned, leaving the black segment of the population without access to the sort of care a true hospital could provide. So the wheels were set in motion for the bond issue that was to finance Augusta's University Hospital, completed in 1915 and situated behind the Tuttle-Newton orphanage building. At the same time, Mayor Barrett, Doughty, and

the various boards of trustees involved concluded an agreement in which Augusta picked up a ninety-nine-year lease on the Tuttle-Newton property for the annual sum of five thousand dollars. The contract contained an option so that the city could purchase the property any time it was thought expedient for the round sum of one hundred thousand dollars. The city also bound itself to build, furnish, and maintain a new hospital on these ample grounds, which ran between Fifteenth and Railroad, bounded by Harper and Gwinnett. The College, in its turn, would remodel the old orphanage and would care for the sick poor of Augusta. Augusta, suddenly generous beyond all expectations, promised to make an annual appropriation to the school for its upkeep and earmarked certain funds to pay for a bacteriologist who would sit on the faculty, but who would also handle any municipal problems that might crop up in his area.[9]

Doughty and the Augustans were equally busy in Atlanta's state capitol, where they mapped out plans to have the Medical College tied in the most intimate way possible to the fortunes of the state University. Opposition from the Atlanta interests, curiously enough, was more a formality than anything else, and the Richmond County delegation had no serious problems pushing through legislation that altered the whole institutional makeup of the school. The old board of trustees, the titular head of the Medical College of Georgia for so long, was abolished, and in its stead was created a board of directors comprised of nine members. Six of the nine were to be named by the governor, one-half of this number to be from Richmond County. The other three seats were to be filled by the chairman of the board of trustees of the University of Georgia from that board's membership. The directors of the Medical College were responsible for running the school, but were subordinate to the University's trustees. They did possess the right to name their presiding officer from their own membership, and it was stipulated that said officer could be ex officio on the University's board, something the College had asked for in Chancellor Hill's day. The directors had the power to oversee the curriculum, hire and/or fire faculty or staff, employ a dean for the College, establish rules and regulations for the school, and so on. In essence this board, although not self-perpetuating, proved to be virtually autonomous in the system.

The Medical College was now, according to this summer 1911 legislation, officially the Medical Department of the University of Georgia, a

relationship both institutions had long sought but consummated only as a result of an extreme threat to one of the consenting parties. Because the College was now part of the state system in every sense, it was necessary that all properties and binding assigns be transferred to the University's trustees, including the Tuttle-Newton building. Owing to legal considerations, the actual transfer of ownership of this property did not come about until 1912, but all of the agreements and significant preparatory groundwork had been done well before that time.[10] (The property on which University Hospital was to be built remained in municipal ownership.) Even so, Doughty, with understandable pride, reported to his professors on the events in Atlanta at the 31 July 1911 meeting of the faculty. The College's application for status as the medical department of the University was passed by a "large majority." The enthusiasm of the professors can be gauged by the fact that they gave their dean "a rising vote" of thanks—something deans only rarely got from their faculties then, or now.[11]

All that remained, really, in the local campaign to get the College back on the right track was to raise public awareness to the stark need of the community—and not just MCG—for a new city hospital. But to secure the amount of money the city should have on hand for such an expensive proposition meant floating bond issues and that, in turn, meant the electorate going to the polls to give its approval. And no one would dare predict how such a thing might go, particularly in Augusta with its unpredictable voting patterns. Better not, then, sit by and assume that the voters would approve what the mayor, the council, and the Medical College so ardently asked for and needed. To fail in this one last particular might negate the good work that had been done in all the other areas.[12]

Doughty, Wright, and Murphey were delegated in the summer of 1911 to work as a committee of three with the city council on the question of the construction of the hospital, and there is little doubt but that these men tested the political climate on the question of the referendum. Murphey particularly knew his way around city hall, but Wright was the most effective if we are to accept Murphey's words on the matter. Murphey cites Wright's efforts as being the single most important factor in developing local sentiment that the Medical College be saved. Wright "could not envision such an end" as Flexner had set out for the College, and he saw to it that the inspector would not be justified in his condemnation.[13] Of course Wright had a great many helpers—men such as Enoch Callaway,

Doughty, Hull, and politically astute Dr. Henry W. Shaw—and others. The wards were canvassed, rallies were held, and the word went out that the good name and reputation of not just the school but of Augusta itself was on the line. The result, on 24 June 1912, was a heavy vote in favor of the bond issue that would make the new city hospital a reality.[14] The stage was set for a "new" Medical College, confident in its status as a department within the University, to emerge. The renewed faith and esprit of the faculty can be seen in Joseph Eve Allen's remarks in the 1912 *Pandora*, yearbook of the University of Georgia. The College had stood for "all that is best in medical culture and ethics," and its past triumphs had been owing to its faculty—heroes "of indomitable will, tireless energy, determined purpose, and lofty ambitions," men who had "no sordid or selfish aim." With the new curriculum, new purpose, and new facilities, the old excitement would be rekindled and MCG would once more present a program "unexcelled by any institution in the country." The school "will again become what it was in ante-bellum days, the medical center of the South." Although its past was glorious, the future holds "far greater things."[15] Such optimism could not have been possible in the dark days of 1910 had it not been for the ground swell of support for the College from both community and alumni.

The class of 1913 was the first to graduate from the newly renovated Tuttle-Newton home, although they had begun their senior year at the old Telfair Street location. At the end of Christmas break they returned to Augusta to find the staid old Cluskey building dark and vacant; the College had made its move across town. The Newton building, as it came to be called, provided many times the floor space of the old Medical College. It had been renovated with an eye toward efficiency and use for the purposes of medical education. Thousands of dollars, taken from the successful subscription fund drive, had been put into new equipment, and the students, as well as the faculty and townspeople, could take justifiable pride in their accomplishments. The building was officially dedicated on January 29, and a large crowd turned out for the occasion. The president of the AMA, John A. Witherspoon of Nashville, was there and received an honorary degree from the hands of David Crenshaw Barrow, the University's distinguished chancellor. (Doughty had been particularly keen on granting an honorary degree or two at this ceremony, and had depended upon Enoch Callaway to clear his way with the University trustees. Dean William Polk of Cornell's Medical College

was awarded a degree at the same time.) Neither Witherspoon nor Polk nor yet Governor Joseph M. Brown, who was also on the podium, loomed as important in Doughty's eye as the main speaker for the occasion, Arthur Dean Bevan, then chairman of the Council on Medical Education and Hospitals of the AMA, and the unobtrusive but decidedly important Nathan P. Colwell, the Council's influential secretary whose recommendations had so profoundly affected Flexner. These two men quietly conducted an inspection of the new medical school. It could not have been lost on them that from the rear windows of the building they had an unhindered view of the ambitious University Hospital then under construction. About a month later the Council telegraphed the Medical College that its essential Class A rating was assured. The city rejoiced. As the only Class A school in Georgia, MCG was now eligible for membership in the AAMC once again.[16]

Only two more aspects of Doughty's campaign to put the College on the right track remained to be implemented: the opening of University Hospital, and securing a grant from the state legislature. The first would simply have to wait on time and the workmen, but in the second instance to sit idly by was to let a precious opportunity pass. Utilizing his unquestioned skill with people, Doughty convinced mayor and council that the entire Georgia Assembly should be hosted by Augusta, and that all these legislators be invited to walk through the new facility. The Council thought the idea a good one, and in July 1913 Governor John M. Slaton and the Assembly rode the Georgia Railroad from Atlanta. After being properly impressed by the College's new quarters, the Assembly was treated to a barbeque. Back in Atlanta a few days later the lower house approved a bill granting the College an appropriation of thirty thousand dollars; the upper house followed in August.[17] Although the appropriation was undoubtedly in the funding plans of the representatives and senators well before their dusty ride down the main line of Georgia's first chartered railroad, the trip to Augusta certainly did not hurt—particularly for future appropriations that might be needed. And it gave the community a sense of pride that the institution in their midst was being recognized in such a way. Civic pride, in fact, must have been so full as to be almost bursting. In April a monument was dedicated on Greene Street to four poets, three of whom at least had called Augusta home for part of their lives: James Ryder Randall, Father Abram Ryan, and Paul Hamilton Hayne. (Sidney Lanier was the fourth, and if not an Augustan,

at least he was associated with Georgia!) Two months later a monument to Patrick Walsh, the Irish editor who had done so much to make the *Chronicle* a newspaper read and respected throughout the South, was dedicated. Several thousand people pressed into Barrett Plaza to see Walsh's statue unveiled and to hear Pleasant Anthony Stovall—newspaperman, lateral descendant of Milton Antony, and director of the College—deliver the principal address.[18]

By the time University Hospital was ready for dedication—a ceremony that was combined with commencement for 1915—the guns of August 1914 had commenced a war in Europe that was to impact the western world in a way no armed conflict ever had before. But the United States, standing alone in its splendid isolation, was able to stay removed from the conflict for the first three years. Hence there was no feeling of foreboding as the crowd gathered before the new facility on 1 June 1915. True, Andrew Carnegie, who had initially accepted the invitation to make the evening's commencement address, had been forced to cancel, but his place was taken by Professor Llewellyn F. Barker of the Johns Hopkins University. There was a huge crowd at the dedication, held late in the afternoon of June 1 in order to avoid the heat of the day. The building looked then much as it looks today, minus the Antony and Jennings wings, which were added in the 1930s. An administration wing in the center (where offices, nurses' quarters, and eating and visiting facilities were concentrated) was flanked by two long, four-story wings identical in design. The southern section was named the Lamar wing and contained wards, operating rooms, and private rooms for the black population. The northern section, called the Barrett wing, was reserved for whites and contained the same floor plan as the Lamar. En toto, University Hospital or, simply, "University," as it came fondly to be known, offered 275 beds for the community, most of them open to the College's professors and students for teaching purposes, and it was fitted with the most modern equipment available at the time. It was a far cry from the dated, unlamented structure behind the old Medical College building on Telfair. The size of the hospital was adequate "for at least some years to come," and was of "strictly first class construction." Furthermore, the College had "a vested right" in its "medical and surgical control." Dean Doughty felt that the combination of new quarters for the school and the new hospital meant that Augusta had "the very best teaching plant south of Baltimore."[19]

The mayor, Linwood C. Hayne, presented the building to the dean and the directors, who accepted it with appropriate gratitude. But even this early there had been a question raised as to who was actually in charge of the facility. Fortunately the issue was ironed out, at least for a time, by June 1 for the dedication and opening. The city council had agreed that the College's directors were to have complete control over the hospital, and Augusta was to appropriate roughly five thousand dollars per month to assure its proper operation.[20] Questions were soon to surface as to ultimate authority, and the hospital was destined to become a political football. But for the giddy moment in June 1915, neither the world situation nor local politics could spoil the message that came forth so clearly that day: the Medical College of Georgia had survived.

In retrospect it appears that the bitter denunciation the Medical College received in Flexner's report was probably the best thing that could have happened to the school. The experience was almost classically ordered in its challenge-and-response mechanism: Flexner provided the challenge, and the school and community willed a collective response that was superior to the challenge. Flexner's goad also produced the correct leader in William H. Doughty, Jr., whose insights into the issues were remarkable. His ability to express the right idea at the right time was essential for the city and the College to do what had to be done. Much credit should also go to the community. Although it was the era of ballyhoo and boosterism, when the chips were down Augusta rose to the occasion. The political leaders in the city may have represented different strata of society than those in the nineteenth century, but still there appeared to be a consensus that the Medical College of Georgia was a fixture on the Augusta scene that held out benefits for all.

For the College it was all but a new beginning. Doughty put it correctly when he spoke to the board of directors on that busy first day of June 1915. Since the crisis associated with the Flexner report—and even a bit earlier, perhaps—the school had been in a "strictly developmental period" when the faculty had little to do but teach. Now with new facilities and responsibilities came opportunities that had not been available before. The physician-professor must also begin to assume an administrative role, and, implicitly, with the new equipment available, performance in original research might not be wholly out of the question. All of these things, Doughty knew, would put unusual strains on the dean's relationship to the faculty and perhaps his relationship with the board

too.[21] What he was driving at was a comprehension that the old Medical College was gone not just physically, but intellectually as well. The realities of the twentieth century and the almost frightening proliferation of knowledge had seen very neatly to that. He appeared to be groping for guidelines to follow in years to come—years that he suspected would be even more difficult than the ones preceding. Precisely how difficult they were to be neither he, the faculty, nor any of the directors could have foreseen.

One final word as to the importance of Flexner and what he did. As Robert Hudson has so well written, although the Flexner report was undeniably important, his main contribution to American medicine came later when he was so instrumental in convincing John D. Rockefeller to give almost fifty million dollars to medical schools through the General Education Board. Some schools were given "major overhauls," such as Vanderbilt in the South, and one new institution—the University of Rochester—was created as a result of his largess. But perhaps even more relevant and more in the tradition of American higher education, Flexner's barbed words brought the states to a realization of their role in the field of medical education. It was following the crisis brought on by Abraham Flexner that states such as Georgia began at last to assume "the long neglected fiscal responsibility for training their own physicians."[22]

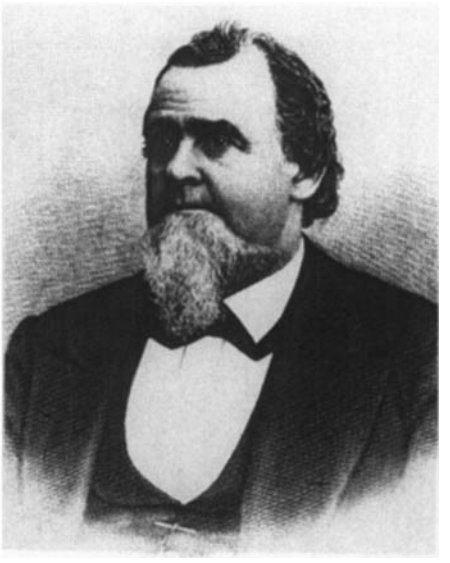
Chapter Ten

World War I and the Twenties

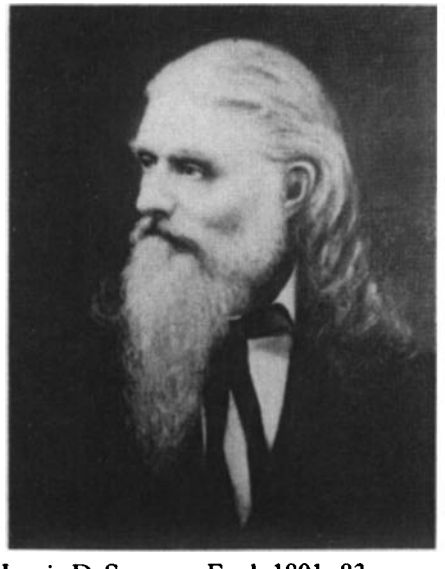
August 1915 found Doughty reporting to his faculty that the College had "reached such a stage in its development" that it could now best be run by committees. He recommended that ten such subdivisions of the professors be set up. The suggestion met with the approval of the faculty, was made operational, and proved to be a successful innovation.[1] Later it was decided that the dean was to be ex officio on all of the committees—a move that made it possible for him to exercise strategic control in regulating the school if he chose to do so. At about the same time the College was organized along departmental lines, which replaced the older distinctions into divisions. These changes were reflective of Doughty's interest in bringing the College abreast of internal alterations being made at other medical schools in the country. They also indicate the growing number of subjects that had to be offered in the up-to-date medical colleges of those days.[2] Entrance standards were stiffened considerably and brought more into the national norm by the requirement that two years of college would be necessary to qualify for acceptance into the medical program after 1 January 1918.[3] This caused another decline in enrollment, but the general feeling at the College, emphasized by the fact that the country was by then involved in World War I, was of exhilaration, patriotic fervor, and high hopes. The school's new quarters, the grand University Hospital nearby, and the Wilhenford Hospital for children—built in 1910 and a stone's throw from the other facilities—seemed to augur good things for Augusta's proud medical college.

World War I interrupted the steady growth and consolidation at the Medical College, but not as much as was originally feared. The United

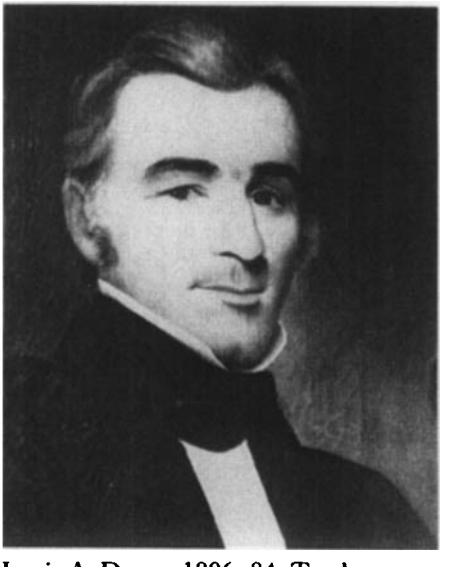
Paul F. Eve, 1806–78. Dean of MCG, 1836–44; editor of *SMSJ;* premier surgeon of the Old South. (Courtesy of Mrs. J. S. Fletcher, Nashville, Tennessee, and the Polish Heritage Association of the Southeast)



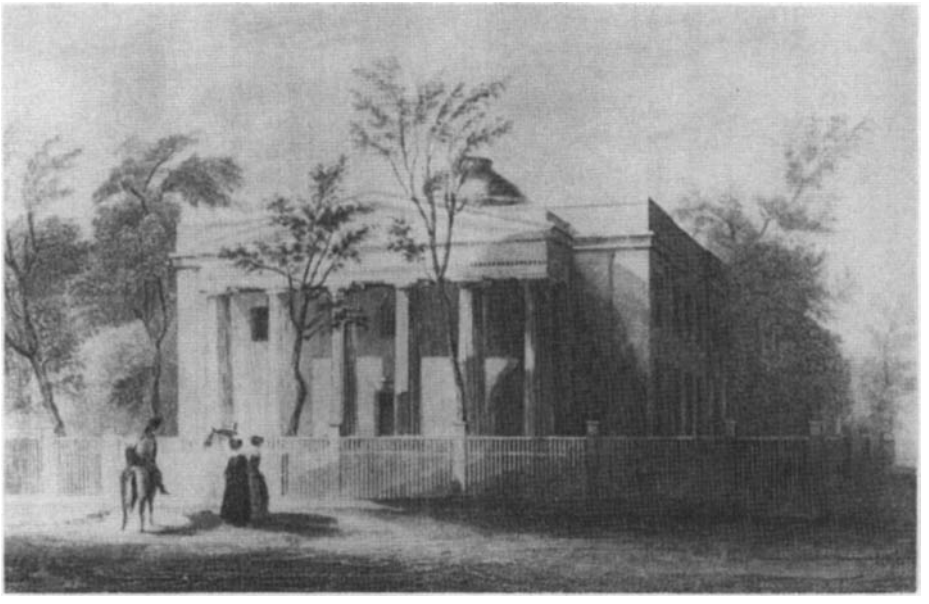
Henry F. Campbell, 1824–91. Longtime faculty member at MCG; founder of the Jackson Street Hospital for blacks; a coeditor of *SMSJ;* president of the AMA, 1884. (MCG, Special Collections)



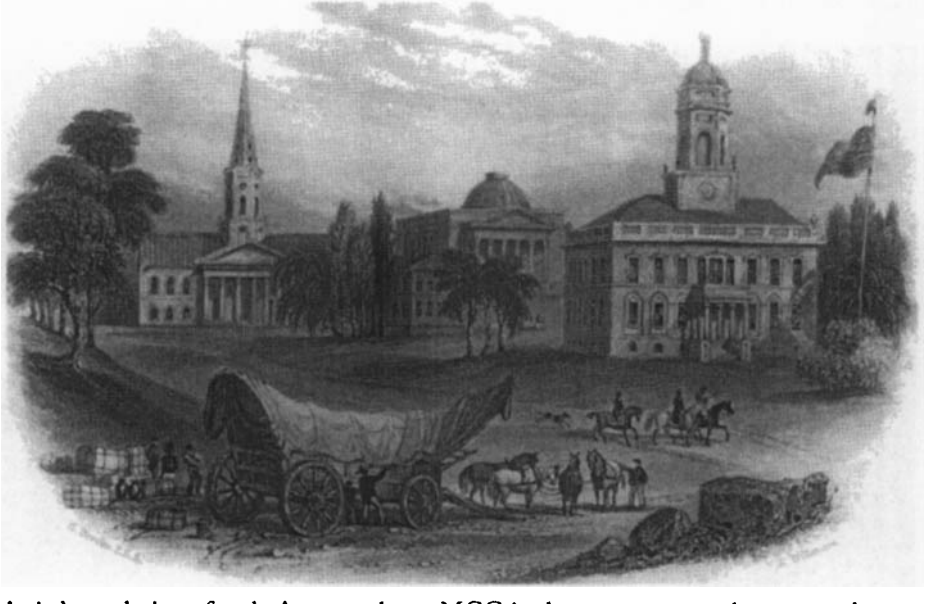
Lewis DeSaussure Ford, 1801–83. Professor at MCG, 1829–82, and medical reformer; first dean, 1833–36; onetime mayor of Augusta. (MCG, Public Relations)



Louis A. Dugas, 1806–84. Teacher, author, businessman, and scientist; dean of MCG, 1861–76; editor or coeditor of *SMSJ,* 1851–56 and 1866.

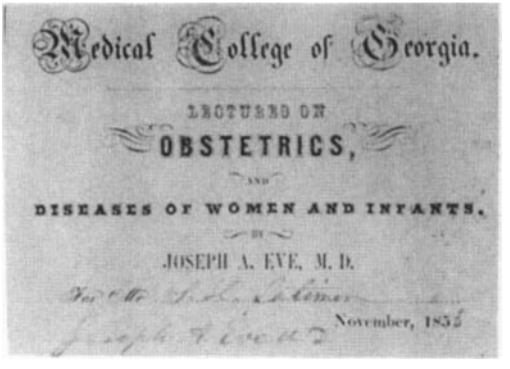


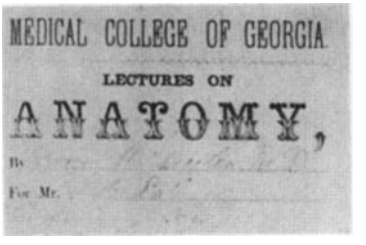
Thomas Addison Richards's sketch of the Cluskey building (Old MCG), from *Georgia Illustrated in a Series of Views* (Penfield, Ga., 1842).



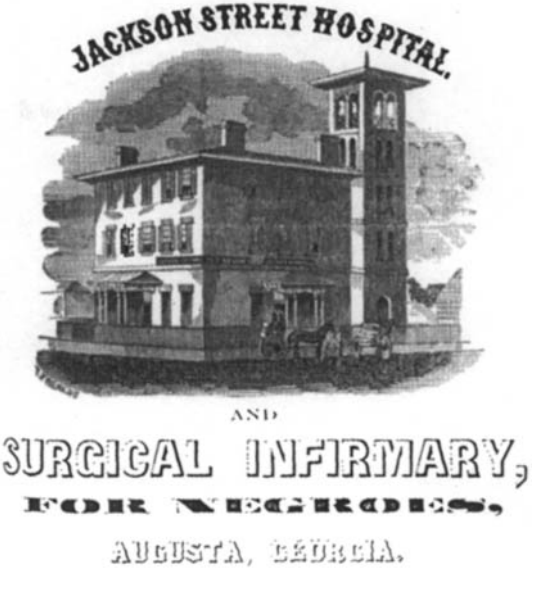
Artist's rendering of early Augusta shows MCG in the center, covered wagon and cotton bales forefront. (Author's collection)

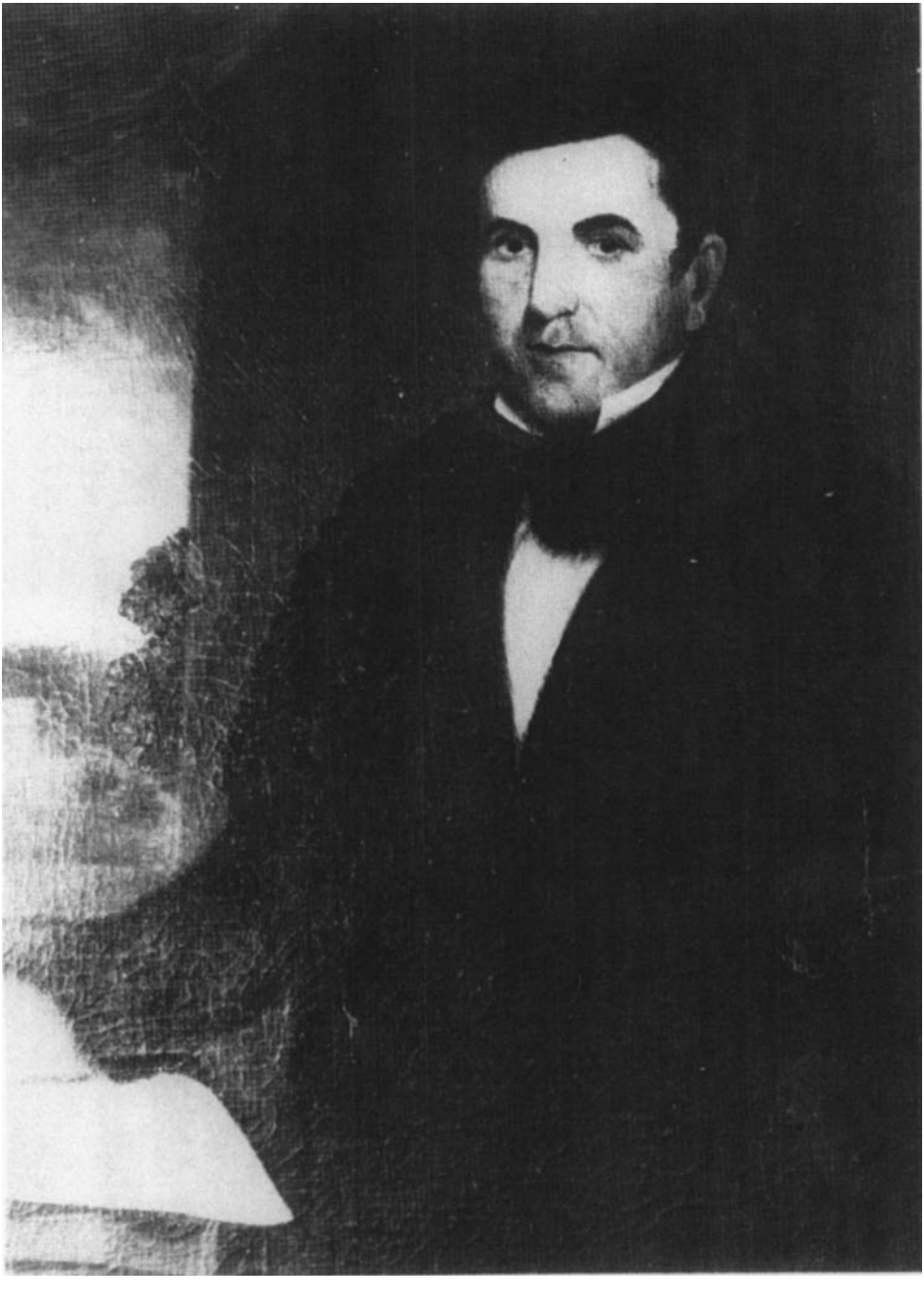
Matriculation and class tickets, MCG. (MCG, Public Relations)



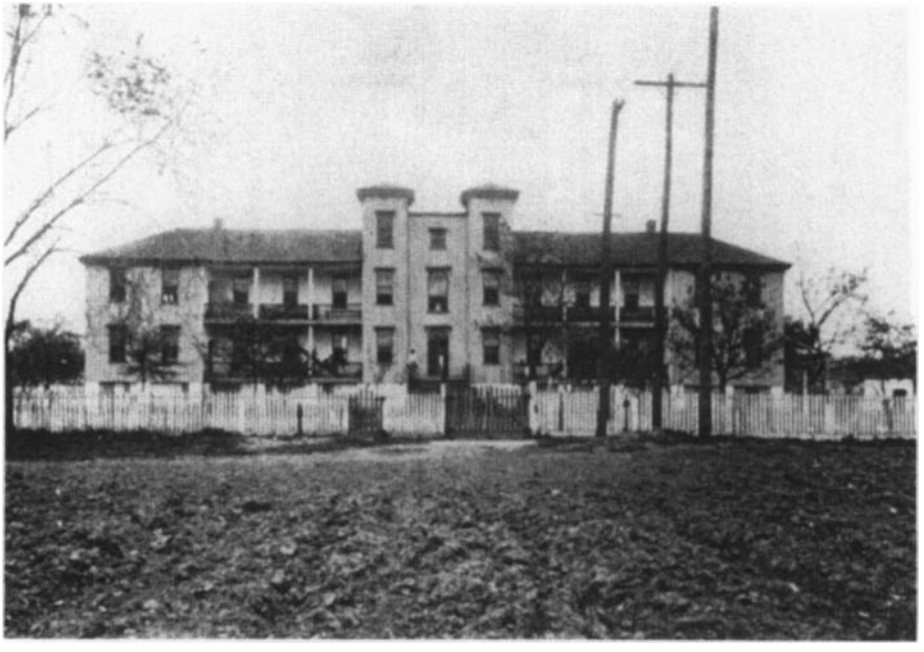


Jackson Street Hospital. Built in 1854 by Drs. Henry F. and Robert Campbell to serve the black population. (MCG, Special Collections)





Milton Antony, 1789–1839. Georgia medical pioneer and founder of MCG; established and edited *SMSJ;* died in Augusta yellow fever epidemic. (MCG, Special Collections)

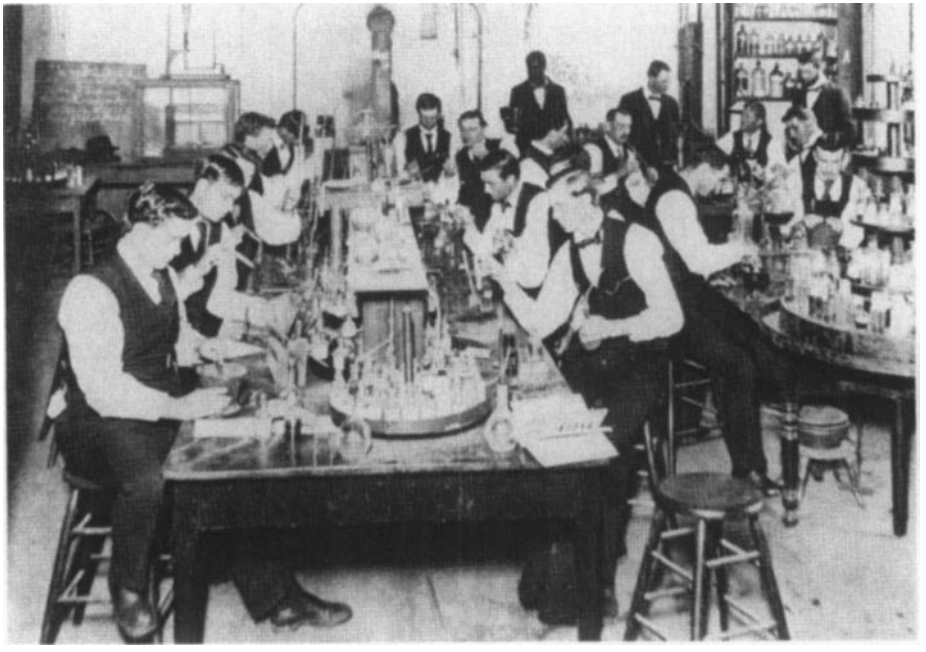


Freedman's Hospital, ca. 1890. Later, after renovations, called the Hospital for Contagious and Infectious Disease. (MCG, Public Relations)

City Hospital, Augusta, ca. 1893. (MCG, Public Relations)

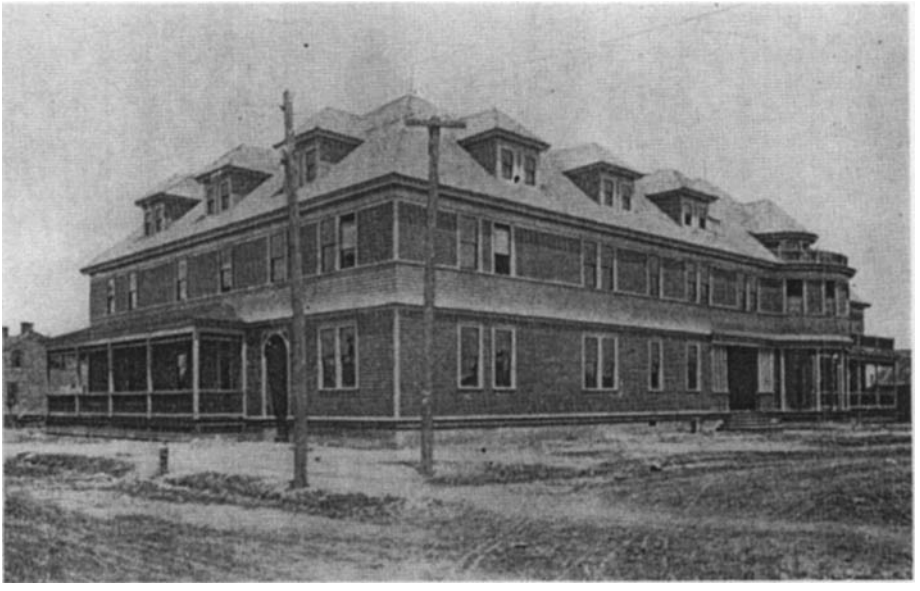
The Class of 1877. (MCG, Public Relations)

The dissecting room, MCG, 1896–97. (MCG, Public Relations)



Chemistry laboratory, MCG, 1896–97. (MCG, Special Collections)

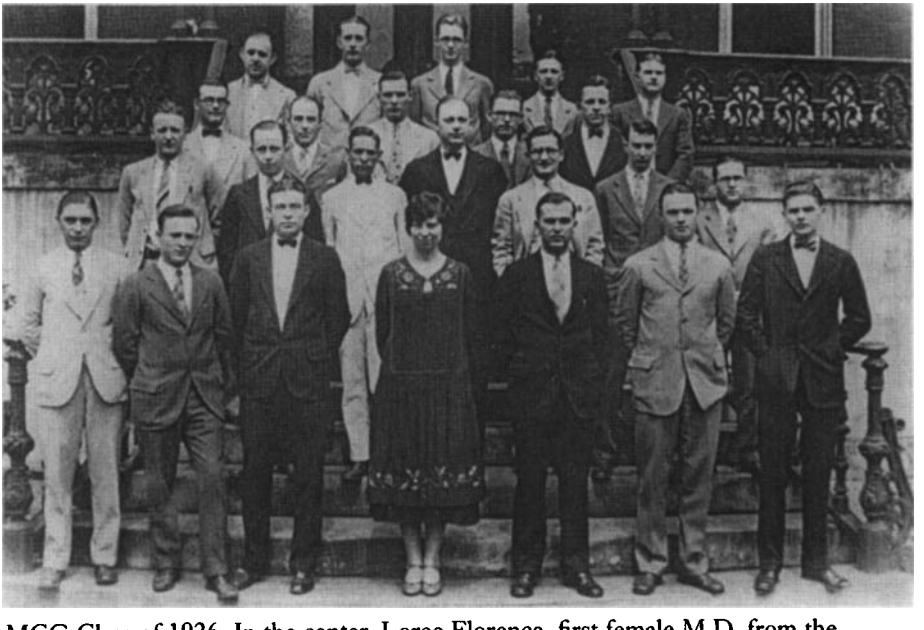
Old City Hospital Operating Room, ca. 1906. Mary A. Moran, superintendent of nurses, is at extreme left; Dr. Robert G. Stone is fifth from left. (MCG, Special Collections)



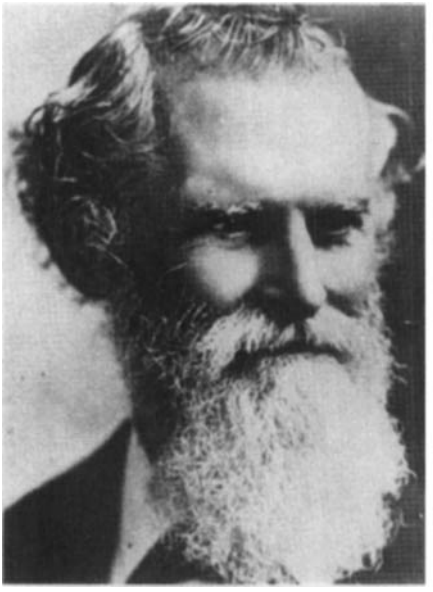
Lamar Hospital for Negroes, Augusta, ca. 1900. Located on Gwinnett Street, the hospital burned in 1911. (MCG, Public Relations)

Augusta Orphan Asylum. Later called the Newton building; home of MCG, 1913–54; now demolished. (MCG, Public Relations)

University Hospital, ca. 1920. (MCG, Public Relations)



MCG Class of 1926. In the center, Loree Florence, first female M.D. from the Augusta school. (MCG, Special Collections)



George Washington Rains, 1817–98. Inventor, teacher, and Confederate gunpowder maker; dean of MCG, 1880–84. (Augusta College, Special Collections)

Thomas Russell Wright, 1855–1923. Professor of anatomy and surgery at MCG for nearly fifty years; dean, 1894–97. (MCG, Special Collections)

Eugene Foster, 1850–1903. Dean of MCG, 1896–1903; pioneer in Georgia public health practices and Georgia's medical history. (MCG, Special Collections)

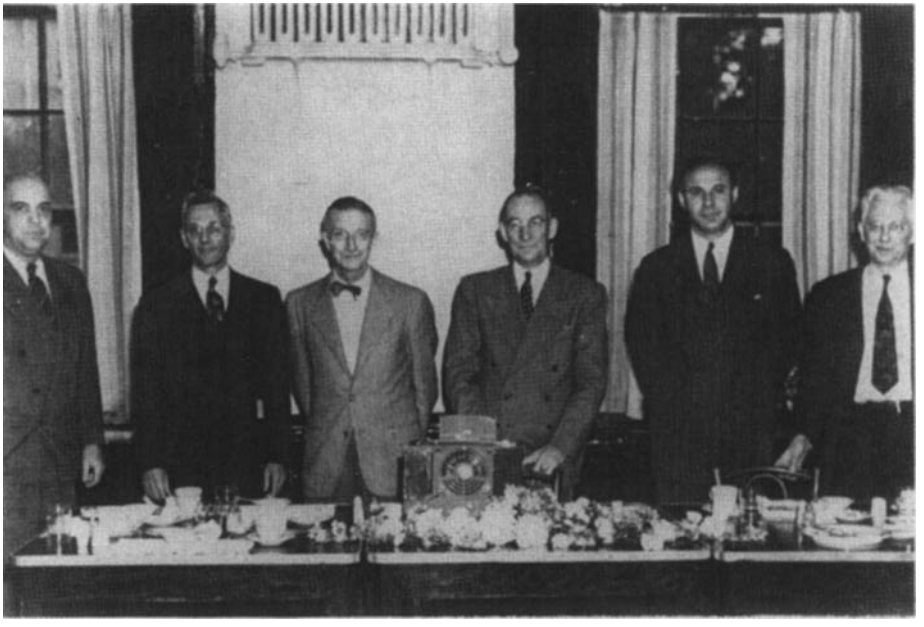
William H. Doughty, Jr., 1856–1923. Dean of MCG, 1910–23; guided the College through a stormy period following the Flexner report. (MCG, Special Collections)

The Class of 1951. (MCG, Special Collections)

Wilhenford Hospital for Children, built 1910, demolished 1957. The facility's name came from benefactress Mrs. William Henry Duff, who memorialized her father, William; her husband, Henry; and her son, Bradford. (Augusta College, Special Collections)

University Hospital in the mid-1960s, not long before moving to its new quarters. (Augusta College, Special Collections)

William Henry Goodrich, 1873–1947. Dean of MCG, 1924–32; author of the College's first history published to honor its centenary. (MCG, Special Collections)



Luncheon at the Alumni Tavern honoring George L. Kelly's thirtieth anniversary at MCG, November 13, 1948. (Augusta College, Special Collections)

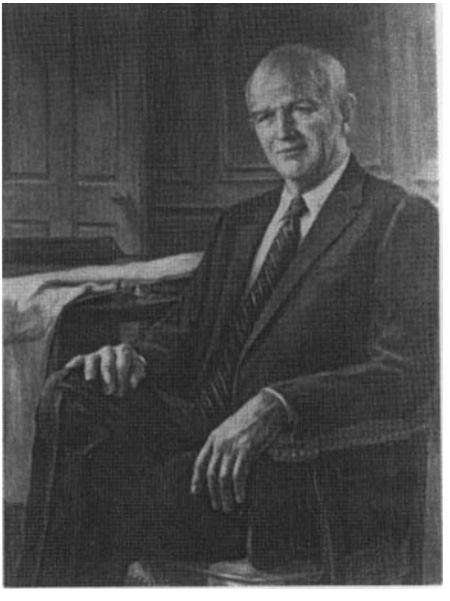
The youthful Virgil P. Sydenstricker (third from right) and associates at University Hospital, ca. 1920. Alice F. Stewart, superintendent of nurses at City Hospital, is third from left. (Augusta College, Special Collections)

MCG expands, ca. 1956. The new Talmadge Hospital at top of picture. Nurses' dorms and new administration building in upper left. (Photograph by George Schaeffer, used with permission)

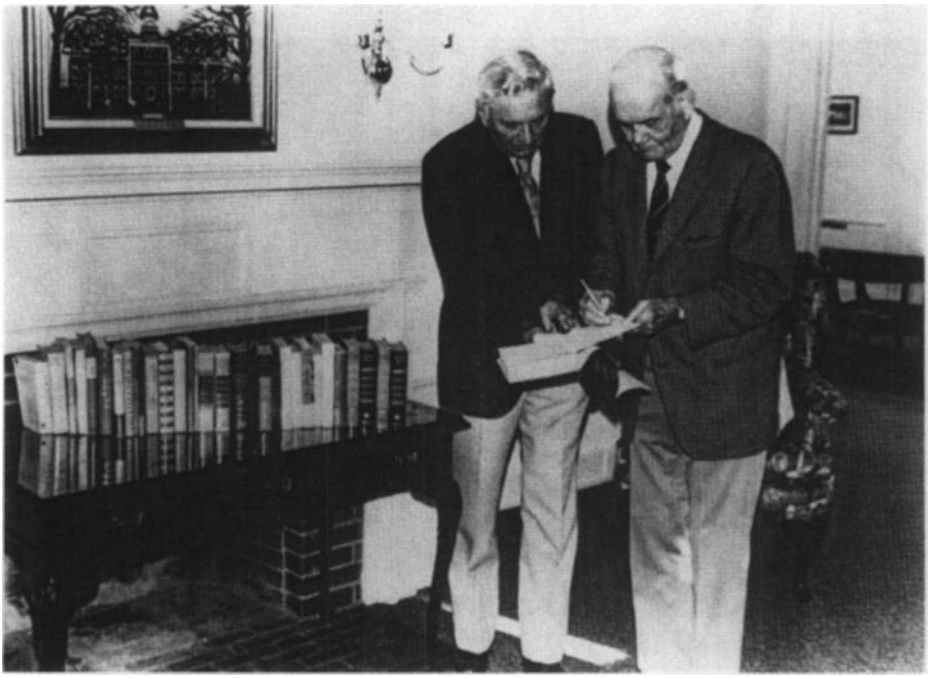
George Lombard Kelly, 1890–1972. Specialist in reproductive physiology; dean of MCG, 1934–50; first president of MCG, 1950–53.

Edgar Pund, 1895–1975. Second president of MCG, 1953–58.

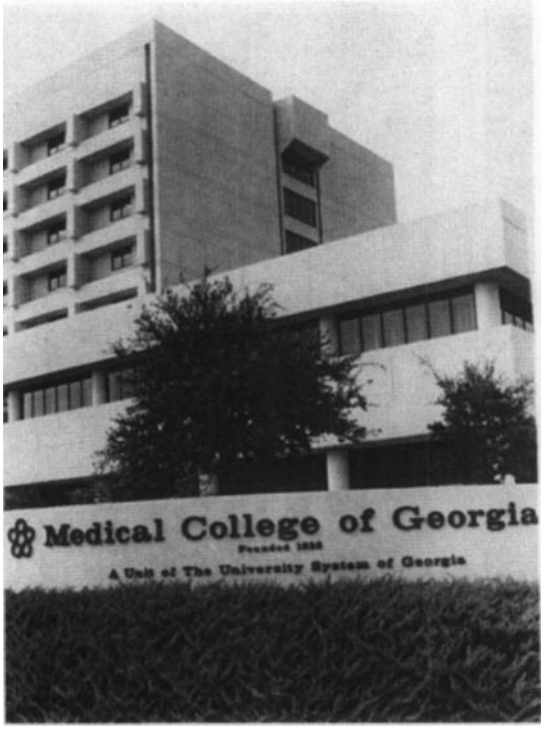
Harry B. O'Rear, 1920–. Third president of MCG, 1958–72.



William Henry Moretz, 1914–. Fourth president of MCG, 1972–83.



Corbett H. Thigpen (left) and Hervey M. Cleckley present the twenty-six editions of their *Three Faces of Eve* to MCG Library's Special Collections.



Sydenstricker Wing, Eugene Talmadge Memorial Hospital, Augusta. (MCG, Public Relations)

States did not get involved officially until the spring of 1917, and the armistice was signed scarcely eighteen months later. The federal government promised to "disturb as little as possible" the ordinary running of medical schools and hospitals,[4] and although many faculty members joined the armed forces in one capacity or another and a significant number of students volunteered for service, the wrench was not as strong as it would have been had the war continued beyond 1918. Still the times were out of joint, and owing to "abnormally high" prices the instructors in physiology were given four-hundred-dollar bonuses to add to their twelve-hundred-dollar salaries. They were cautioned, though, to be aware that this windfall was not permanent and was meant for the "current year [1917] only."[5]

Doughty, as usual, had his eye on the main chance for the Medical College. Although he lamented the fact of war itself, he clearly thought it might provide easier entrée into circles that would otherwise have been difficult to penetrate. Hence he wrote Surgeon General William C. Gorgas offering the laboratories, hospital, and whatever else the school had available for the war effort. It gave him an opportunity to outline for Gorgas the recent improvements in Augusta and to underscore the fact that the lab and hospital equipment "is that of the better class of medical schools." He volunteered the help of the staff in any investigation or problem, but would prefer that "suggestions . . . come from some central authority."[6] Doughty was thanked politely and told that he would be contacted if needed.

Undaunted, Doughty then wrote prominent Augusta businessman Hugh H. Alexander to sketch how University Hospital, if restructured, might take "over 500 patients without undesirable crowding," an idea that took something akin to poetic license on the dean's part. It is plain from the body of the letter what he really wanted: the hospital's regular functions could go on uninterrupted, but if the government built "quarters for the nurses and internes," all of whom were housed in the structure, that would add about three hundred beds for government patients. The available number would accelerate to four hundred if "outside temporary quarters for negro patients" were erected. Furthermore, the forty-five-acre plot on which the school sat offered unrivaled opportunities for "indefinite expansion." He thought, in sum, that "the Government might find it advantageous in many ways to use this establishment as, perhaps, a division hospital," or something of the sort.[7] Alexander, who apparently

thought well of the idea, then contacted prominent Georgian and United States Senator Thomas W. Hardwick. Alexander knew precisely what Doughty's motivations were when the latter spoke of the advantages the Augusta school offered, "and the possibilities for making it a greater and better institution of its kind if the Government becomes interested. His [Doughty's] idea is entirely one of mutual benefit"—to the hospital and war effort at the same time. Alexander thought that, if proper, the idea should be posed as "nothing more than a preliminary offer to have the Government officials make an inspection of his hospital and file the data for use provided a camp was established at Augusta."[8] Hardwick then dutifully wrote Gorgas, sending along the appropriate correspondence and stating that he "would be glad to have you investigate the possibilities of using this hospital in connection with the proposed camp at Augusta."[9]

Questionnaires as to the possibility of University Hospital's "facilities for service to sick and wounded soldiers" were sent to Augusta, carefully filled out, and returned to Washington, but nothing came of the Doughty offensive.[10] The entire incident, however, is useful in demonstrating the vigor with which Doughty threw himself into the deanship. He had no intention of permitting a stone to stay unturned whenever there might be any advantage to the Medical College. The additional buildings that he hoped to get for the College had to wait for another day—and another dean.

The almost rural nature of the student body at Augusta during this time is clearly demonstrated by a quick look at the graduating class of 1917. Of the eleven graduates, two were from South Carolina, but of the remaining nine the two largest towns represented were Athens and Milledgeville. Not one student receiving his M.D. degree hailed from any of Georgia's five cities. The class of 1918, a tiny six in number (but containing Edgar Pund, later to be president of MCG), even had a graduate from Spread, Georgia. The freshman class of 1917–18 was a fairly large forty-two in number. It may be that some of the weaker students were taking advantage of their last opportunity to enter the school before the two-year college requirement went into effect. Even so, twelve of that number had left by the end of the year—four had gone into service, another four gave up medicine, three had taken sick and left, and one was unaccounted for.[11] It came as no particular surprise that the freshman class of 1918–19 shrunk to fifteen in number.[12]

As a result of administrative and teaching pressures, Doughty felt that he was being overworked. He reported that he was considering resigning because of his growing responsibilities. What he really wanted to do, apparently, was to appoint an executive committee of the faculty that could take charge of the everyday decisions facing the Medical Department of the University of Georgia. He received the approval of the faculty to do this in August 1918. Pritchett of the Carnegie Foundation had actually suggested such a division of power—a fact that was not lost on the board of directors when it considered the question of whether to approve what the faculty had done. Pritchett's notion had been to appoint the heads of the departments of anatomy, physiology, bacteriology, and chemistry to this committee, and also the heads of the clinical departments of medicine, surgery, and pediatrics. Because the school had no heads per se of surgery and medicine, Doughty simply appointed representatives of those specialties to the executive committee.[13] The committee, which had been meeting weekly since August, was immensely successful in its operations and wielded a great deal of authority in its fourteen-year existence before William L. Moss willed its demise.

One of the happiest bits of news to hit the campus after the end of the war was that the Carnegie and Rockefeller interests had decided to invest in the future of the school by helping put more faculty members on a full-time basis. The only catch with the grants from these sources was that they had somehow to be matched to become operational. Even worse, the legislature, which met biennially in those days, was not due to convene until after the first match was due. Accordingly, the school and community once again rolled up their collective sleeves, this time to raise "as much as $30,000 a year" for five years from local sources and then, it was hoped, from the state as well. The Hull family took the lead within the community, a huge rally was held at the Modjeska Theatre, and a successful campaign was waged, capped by a gift of five thousand dollars from the Augusta City Council.[14]

This new source of income permitted Doughty and his executive committee to search for qualified men to fill full-time positions in essential faculty chairs. Accordingly, Ralph H. Chaney was brought in to head and bring order to the department of surgery, and Eliot R. Clark was hired on the same basis in anatomy. He replaced George Lombard Kelly, originally employed in 1918 as an instructor in anatomy but acting head of that area when Clark arrived from Missouri.[15] At the same time Virgil

P. Sydenstricker, who had innagurated the resident physician program at University Hospital when he was hired there in 1919, was elevated, as a result of his solid record, to a position heading the department of medicine. The notable Richard V. Lamar, whose relations with the College ran hot and cold, was prevailed upon to return from private practice to head the program in pathology and bacteriology; Joseph Akerman, a Johns Hopkins man (as were a number of the other new faculty), accepted the professorship of obstetrics.[16] Following this dramatic increase in number and quality to the faculty, the dean's pride in calling the 1922–23 academic year "the most satisfactory session that we have ever had" can be understood. The spirit of cooperation between departments was warm, and the improvements in the fields of surgery and medicine were singled out by Doughty for the directors. Furthermore, Eliot Clark's wife was an anatomist too and helped him in his chores, and her father was much on the scene as well. He was the distinguished parasitologist Edwin Linton, who was granted "a small research laboratory in the college building, and the daily presence of a scientist of his eminence" on campus added a new dimension to the life of the school.[17]

The *Georgia Alumni Record* for 1923 featured several useful articles on the school. Its dean addressed the question of what was to be expected from such a college, bearing in mind the limited resources that Georgia had to support it. The school was intended, in Doughty's estimation, to produce "an all-round physician" trained in general medicine, general surgery, obstetrics, and so on. The departments of medicine and surgery—as well as obstetrics—were now on "an approximately whole-time basis," but the school was nearing absolute capacity and needed a new laboratory facility and a structure to house the outpatient service now being offered in the basement of the Newton building.[18] George L. Kelly had an article in the same issue that spoke with warm affection about the school he knew so well (and from which he was to receive his M.D. the following year). He concentrated his essay on how far the school had come since Flexner. Kelly was particularly pleased by the upward spiral in attendance; it was 102 in the 1922–23 year and would probably rise to 120 for the 1923–24 session.[19]

But it was Eliot Clark who struck the most modern note in his article, emphasizing the need for the practicing physician to engage in research as well. The best doctors, he maintained, also involved themselves in original research of one kind or another. The true researcher should not

be isolated "in established laboratories or elaborately equipped hospitals," but should be an active physician with a full waiting room too. It should be one of the functions of a medical college to encourage this, but unfortunately most medical students, after two years of college, were pretty predictable. They could read—but had not overtaxed themselves in that field; they could write—but not well; they could do math—simple math, that is. They were competent in the basic sciences, but had no notion of how to engage in independent thought. Considering the product that the medical schools received, Clark generalized, it was necessary for the professors to reemphasize the facts, but it behooved faculties everywhere to encourage research and original experimentation or American medical education would keep lagging behind.[20]

Little did anyone know on 28 May 1923, when Doughty reported the death of Thomas R. Wright to the directors, that his own life would be taken in less than a month. Doughty was victim of an infection that followed extraction of a tooth. Almost overnight the Medical College was deprived of the two men who were most responsible for its survival and rejuvenation since 1911. Wright, in fact, not only was instrumental in the 1910–12 "rehabilitation," he had also been involved in the reorganization of 1890–91, and had himself been dean toward the close of the nineteenth century.[21] As for Doughty, he had "a most level-headed approach in his ideas of the balance between the clinical and scientific side of medicine." He "never thought of himself as a dean or administrator," but was excellent at delegating authority.[22] Under Doughty there was a feeling that "a great person had brought them [the faculty] all together." He got along with everyone and was well liked in the community too. William H. Goodrich, a close friend to Doughty, was elected his successor in the summer of 1923, and it was up to the new dean—a reluctant administrator—to tackle some of the unsolved problems that Doughty left behind.[23] And they were not long in presenting themselves.

First, Nathan P. Colwell, in the employ of the Council on Medical Education and Hospitals, investigated the Augusta facilities in November 1924. He found some highly positive things about the school, lauded its "splendid spirit of cooperation," commented on Chaney's "excellent course in animal surgery," but remarked that many of the school's programs needed bolstering. More than ten new faculty positions were necessary; there was a "crying need" for a clinical building; a dormitory for at least one hundred nurses was essential; and a series of new courses

simply had to be instituted if the school was even to keep pace.[24] But where was the money to come from? Goodrich despaired. The Rockefeller and Carnegie grants would soon be running out, and the legislature was a slender reed upon which to lean. He railed against the University connection, which made the school, though "in" the system, not really "of" it. MCG was desperate for money, Goodrich said, but how does the school in Athens really help out? Not at all. Our functions at the Medical College, as Goodrich saw them, were to teach and care for the sick, not "go begging for money." It should be the task of the University's trustees to see to our wants.[25] He also found the school faced with a deluge of incoming freshmen, and although the committee on College affairs had recommended holding the beginning class to thirty-six, an idea approved by the executive committee, the school ended up with fifty-three freshmen in 1924 because of the College's commitment not to turn away qualified Georgians.[26] The overabundance of students had forced division of the class into sections, doubling some work loads and shortening all tempers. Such a path had to be taken, Goodrich knew, but it could not continue.

On top of the plethora of students and the dearth of funding, Goodrich discovered that the problem with part-time teachers at the school grew worse each year. Doughty had wrestled with this same issue and had referred to the "unavoidable irregularity" of the teachers who were "practicing medicine for a livelihood" and yet teaching at the same time without pay. Private practice got priority if there was ever a conflict, with the result being "curtailed or perhaps unkept" clinical instruction. Such was only too common an occurrence.[27] The outside grants helped, and "much gratis teaching is dispensed with. Paid teachers have to be on the job; unforeseen events" frequently interrupt the other sort.[28]

After less than three years in the job, Goodrich, who had never sought the position, was ready to hand the responsibility to someone else. The Medical College needed "a full time Dean . . . for the good of the school," Goodrich said. He was obviously not a candidate for that post. He also found himself deprived of the assistant dean's position, presumably a step toward economy on the part of the directors. This he thought to be a mistake, as the assistant was particularly useful when acting "as agent of the executive committee." He reminded the directors that he had taken the job with the understanding that a full-time man would be secured, and that moment had come. Such a step was necessary because

the responsibilities of American medicine were greater than ever and the curriculum was being rethought. Revolutionary tactics in hospital procedure, standardization, and research were all making an administrator's task infinitely more complex than it had been before. Perhaps, he hoped, the Carnegie or Rockefeller people would help "if we indicate to them our need." In fact, a rather remarkable resolution was presented to the directors saying, in part, that "the members of this Board are not sufficiently acquainted with professional medical education in this Country" to initiate an intelligent search for a full-time dean, so the president of the board was authorized to ask the Rockefeller and Carnegie interests to recommend a dean to them![29] Obviously the board hoped the wealthy foundations would pick up the salary of any person they had recommended. At the same time an extension on the grants of ten thousand dollars was requested for five more years. In spite of optimism on all these scores, the Rockefeller Foundation announced in early 1927 that it was not continuing its funding; from now on the College was on its own.[30] In the previous year, Eliot R. Clark had resigned the position in Augusta that he had held only a few years to assume the chairmanship of the anatomy department at the University of Pennsylvania.[31] Other faculty members also defected. The times seemed to conspire against poor Goodrich.

Thanks to fancy footwork in the legislature on the part of some of the College's supporters, the foundation grants were successfully replaced by state appropriations after 1924. One of the talking points the directors had hoped would make an impression was that the state had been encouraged, by the incentives from the northern philanthropic bodies, to increase its appropriation to the school substantially. The argument had no lasting impact, however, and the College was left to its own deserts in the final years of the 1920s. At least University Hospital, a hotbed of controversy both before and after 1925, stood a stiff inspection in 1926 and came out with colors flying.[32]

In the midst of all these problems it must be pointed out that Loree Florence, the first woman to secure the M.D. from the College, graduated in 1926, second in her class. She had met with no obstacles or prejudices, she recalls, and was treated just like "one of the boys."[33] After she had shown the way, the school was open, in every sense, to the contributions of women on any and all levels.

A virtually insurmountable problem for the medical school in Augusta

lay with the nature of the state's resources. Although the United States as a whole did not fall into a depression economy and mentality until the 1930s, Georgia was in decline throughout the 1920s as well. It was during this decade that the boll weevil ravished the state's once-productive cotton fields. The harvest of this crop, so essential for the well-being of the state, fell precipitously; as a result, tax revenues declined and population, both black and white, left the countryside in droves. Many, in fact, fled the state. It was during this unsettling decade that Georgia, once the leader in the South in industry, population, and agriculture, fell behind even many southern states. By the end of the decade Georgia stood dead last among the forty-eight states in its support of public education. The problem was compounded by a series of weak governors who simply could not cope with a corrupt, strong-willed, agrarian-oriented legislature that seemed bent more on keeping itself in power and lining its own pockets than on supporting the University System. Even Lamartine G. Hardman of Commerce, an MCG graduate, could do nothing substantive as governor during this cynical period. It would take a virtually complete collapse of the state's economy to bring about meaningful political reform and reorganization.[34]

Not all reports were ominous. A bond issue was floated in the city to erect a nurses' home to free some floor space at University Hospital for additional beds and equipment,[35] and excitement built as the school approached its centennial. The prudential committee of the directors approved allocation of monies "not in excess of $1,000.00 for the printing and distributing of the History of the College, prepared by Dr. Goodrich," for which good work the Dean was thanked.[36] But the dean seemed aware of ominous signs and portents. For one thing, he was acutely conscious of friction that was building between the full-time faculty, most of whom had joined the school fairly recently and were neither Georgians by birth nor alumni of the Medical College, and the part-timers who, until challenged by the new group, had always controlled the formation of policy at the College. Dissatisfaction had already caused Richard V. Lamar to resign from the faculty once and was apparently crucial in his second—and final—resignation during this period. Goodrich apparently shared Lamar's belief that the old guard Augusta physicians had discriminated against the full-timers in membership on the executive committee.

But Goodrich, perhaps because he had studied the past records of the

school when writing his history of the institution, became more and more a traditionalist in procedure. After five years in office he concluded that his original notions about the deanship had changed completely. In many ways, he said, the institution was still "the old Medical College of Georgia, and [it] depends for its existence upon the loyalty and enthusiastic support of men who daily and with only the compensation which noblesse oblige offers, give abundantly of their time and intellect" for the school. To locate a full-time dean might require a two-year search, and who knew what sort of person would even then be found? Goodrich encouraged the directors to use the talent that could be tapped locally. He had noticed, however, that in the old days the faculty had elected its own dean and had then passed the name on to the directors or trustees for their approval. You would do well to return to the old way, Goodrich counseled, as he himself had been chosen by the directors and his name sent to the faculty. The board demurred, claiming it could not "forego its responsibility to elect the dean."[37]

The Medical College had attempted to grow as best it could during World War I and after, when finances were so tight. The library committee, chaired by Richard Lamar, thought it would be useful to send the school's librarian to the 1917 meeting of the Medical Library Association. The "maximum expense to the College of $25.00" would not go far by standards of the 1980s, but it was looked upon as an adequate stipend at the time.[38] Keeping track of the volumes held and handling the many questions that constantly arose meant hiring additional help to staff the library, now housed on the first floor of the Newton building. In 1922 a Mr. Huson was employed "to attend the Library in the evening at a salary of $5.00 a week."[39]

In the black community of Augusta at the same time, cultural life seemed to take on new meaning. Famous tenor Roland Hayes appeared as soloist at the Haines Institute in the *Seven Last Words of Christ.* A few years later the distinguished contralto Marian Anderson gave "a recital at Haines," accompanied by Mrs. Rosa Tutt.[40] In the more affluent white strata of society, the postwar era was remembered as "a time of 'corn whiskey,' tennis every afternoon, parties every night . . . [and] real fun, the joyous fun of a gay, gilded youth."[41]

But the 1920s in Augusta also saw the rise of the Ku Klux Klan. Its growth peaked in 1924 with a parade of three hundred hooded members

up Broad Street to Allen Park, where they were joined by a large crowd to listen to speeches. In November 1927 a "woman's Klan" paraded too, complete with Fire Chief John B. Kennedy leading the way. Even a "Junior Klan" surfaced and sponsored a minstrel show "at Tubman" in February of the following year.[42]

Everyone shopped, at least once a week, on Broad Street, and often met friends there for "cokes." When Ralph Chaney came to Augusta from the Mayo Clinic in 1922 to be interviewed about the position in surgery, he performed a thyroid operation at University Hospital so the faculty could see his skills. At the time his five-thousand-dollar salary seemed quite adequate and permitted the family to settle into a house on Gary Street. They later moved to Henry Street and finally to a larger home on Bransford Road. Chaney frequently taught by seminar method, and often did so at his own home. There he and his students would meet for an hour or two, eating snacks all the while, after which Mrs. Chaney would clean up and Chaney and his students would frequently get a poker game underway. He was also a "bridge addict," so the couple played as often as they could.[43]

In the College dissecting hall during the mid-1920s, there was a cadaver on each table with four students per cadaver. Eliot Clark would go and stand "and sort of pass the time of day." He thought that each student should "discover anatomy just as though no text of anatomy had ever been written." He would approach a student and say, " 'Well, this nerve doesn't seem to go anywhere.' 'It goes back there.' 'Why did you cut it? Tie it back together again.' " At nighttime the entire school was open—there were no locks. Students from Augusta or those renting quarters near the school would walk out for supper and return to the College at night to dissect. Lamar's instruction in bacteriology was superb—but in a different way from Clark's technique. According to Lamar, Clark "had never acknowledged the futility of the search for the ultimate truth," and that was what distinguished Lamar's instruction from Clark's—but they were both outstanding.[44]

The Medical College's alumni organization, resurrected periodically, sponsored what it called the school's First Alumni Reunion in June 1924. It was an ambitious four-day program consisting of clinics, talks, and social hours. Thirty-nine physicians signed up (but only three from Augusta). Two attended from Florida and three from South Carolina, and a good time was had by all.[45] In fact, plenty of good times were had

throughout the city—if the availability of liquor, in spite of national prohibition, had anything to do with it. A government investigator called Augusta "the 'wettest city in America,'" a description that may have been taken as a compliment in this age of excess. The city's "arrests for drunkenness were higher than any other city in the United States, before or after prohibition." Richard Eve Allen, councilman during the 1920s and himself related to a number of families associated with the Medical College, maintained that "500 speakeasies" survived in Augusta. "There were five times more bars than there had been when prohibition was mandated back in 1908." Allen, sensibly, thought the reality of the situation should be recognized and that the places should be forced to buy permits from the city to sell their illegal booze.[46]

In contrast to many of the economic indicators in the rest of the state, Augusta seemed prosperous. The city's population grew steadily, climbing by virtually twenty thousand from 1910 to the 1930s, this in spite of a monstrous fire that gutted much of downtown in 1916. Thirty-two blocks were burned and 746 buildings, many of them on Greene Street (where a number of the College's physicians lived and/or had their offices), were destroyed.[47] The fire increased the exodus to Summerville, now easily accessible to downtown Broad Street by trolley or automobile. Cars were becoming so numerous as to cause considerable congestion at the city's busy intersections. So Augusta snapped back, as it always did, and rebuilt—frequently within the shells that were left behind, as in the cases of the Empire and the *Chronicle* buildings. By 1925 the town felt confident enough that it approved a four-hundred-thousand-dollar bond to erect a new building for Richmond Academy "and the newly authorized Junior College of Augusta."[48] By the 1920s tourism proved to be a shot in the arm for the local economy, reflected in the construction of the new Bon Air Hotel and the Forrest Hills, which dominated "a development of curving roads and broad esplanades." The real estate boom in Florida affected Augusta by causing it to be "the scene of the greatest real estate speculation since the Yazoo Fraud."[49] The city, it was said, had far more to offer the tourist than France, with all those drafty run-down châteaus. Large sums were voted by the merchants and townspeople to spread the good word about their town. In this context it is not surprising, then, that even the Medical College came in for its share when the vote on the nurses' dormitory was counted in 1927.

Dean Goodrich, perhaps with a premonition of things to come, re-

ported to the directors that for some reason the 1927–28 year had been "a little disappointing" and failed to measure up to expectations. And yet the money problem seemed at bay, for once, and there was a bumper crop of 142 students. Maybe he had been too hopeful, and yet—he groped for words: "There has been at least an apparent letting down, a lack of the usual attention." He could not put his finger on it.[50]

He appeared to be at first a false prophet, as in 1929 the city once more took the lead, this time in getting a Centennial Memorial Fund drive together. Its aim was to raise one hundred thousand dollars to construct a new building for the College. The funds poured in at first, but then, shortly after a gala commencement, the College found itself running out of money. The state's appropriation had not come in. In order "to keep the College in operation," the board's prudential committee authorized a loan in the amount of ten thousand dollars to cover expenses.[51] By September the loan had been expended and there was still no money from the state, so the College borrowed another ten thousand dollars.[52] Not long afterwards the stock market crashed and the rest of the country joined Georgia and a number of other rural states that had already reached the ends of their economic ropes. The Great Depression was on.

Had it not been for the Centennial Fund, garnered just before the bottom fell out, the College might well have ceased to exist during this difficult period. The fund was used not for a grand new building—the rationale behind the original solicitation—but for operational expenses when the state was simply unable to meet its obligations. Even necessary repairs and replacements simply could not be made. Claude M. Burpee, who came to the faculty in 1930 in pediatrics, reported the facilities to be "totally inadequate." But there was nothing that could be done. As Goodrich said, "The whole realm of medical education is in a state of flux."[53]

Chapter Eleven

The Early Depression Years

Georgia's economic indicators, already well below the national average, skidded dramatically after Wall Street's Great Crash. There simply was not enough state money to go around. Following the collapse of the price of cotton and cottonseed after World War I and the disastrous attack of the boll weevil, the Crash that hit the state in 1929 forced many of Georgia's farmers to or below the subsistence level. Between 1929 and 1932, farm prices, which were already dangerously low, fell 60 percent. Gross farm income per person sagged from $206 to $83.[1] Georgia was still a rural state, and by 1930 its mood bordered on desperation.

Into this picture came a young man from Winder by the name of Richard Brevard Russell, elected to the governor's office in 1930. His call during the campaign was for drastic reorganization in order to simplify and economize the functions and services of government. He secured the Reorganization Act of 1931, which cut the number of state agencies in the executive arm of government to nineteen from almost one hundred. His budget of the same year gave the governor more authority on the question of state expenditures, but it was reorganization that was to affect MCG most dramatically.

One adjunct of state government that was restructured was the University System. Since Hill's day the System had grown rather like Topsy —and it was just as ungainly. By 1931 there were twenty-eight schools that considered themselves to be institutions of higher learning—or colleges—within the System, each with its own governing board. The Medical College of Georgia was one of these schools. The state, faced with the distinct possibility of bankruptcy but also anxious to support a school

system that was a credit to its citizens, had to ask itself a series of difficult questions—and face up to a set of even more difficult answers—during this tortuous period. Was it not proper, for example, that the weaker schools in the system be weeded out so the legislature could support the stronger institutions more effectively? Most appropriate for MCG, was it really prudent for Georgia to continue making a substantial financial investment in a school that seemed perpetually on the brink of crisis with one accrediting agency after another? An allied question: should Georgia taxpayers continue to have their money channeled into the Augusta institution when there now was a sound, accredited, centrally located, nationally recognized medical college at Emory in Atlanta? What was the benefit, then, in duplication of services, particularly when there was so little public money to disperse and when the appropriations for MCG might be applied so fruitfully elsewhere? These were issues the state had to ponder seriously during the Depression crisis, and they also dominated the history of the Medical College of Georgia during the decade of the 1930s.[2]

In its determination to bring order from educational chaos the Georgia legislature created a single board of regents in 1931. This body was given authority over all the member schools in the System whose own boards of directors or trustees were abolished at the time the state board was established. Although created in 1931, the board of regents did not begin functioning until January 1932, and assumed complete control of the schools under it only in the spring of 1933.

In spite of the funding difficulties that seemed to strike at the very existence of the school, and in the face of signs and portents in the sky, the MCG faculty quarreled over the makeup of the executive committee. Richard Lamar, who had caused the issue to come to a head by his first resignation from the faculty, brought up the issue again in 1930. Under the control of the local physicians and part-timers, the committee balked at letting the full-time faculty have an equal voice in the formulation of MCG policy. Goodrich himself, although not full-time, agreed with Lamar, but found himself outvoted on the committee by Murphey and Asbury Hull (clinical professor of surgery) and their allies, who retained control of the executive committee.

Early in 1931 this group grilled (there is no other word to describe it) two of the most distinguished full-time faculty members on how they spent their working days, whether they were careful in their duties, what

their interpretations of consultation practice were, and so on. One of the men under fire was Virgil Sydenstricker, who defended his right (guaranteed by Doughty when the former was brought to the College) to have "patients in his office" when it did not conflict with his other duties. Sydenstricker had also been assured of the disposal of "two beds in the Hospital." Ralph Chaney, professor of surgery and known for his outspoken opinions, was also quizzed and was asked what his duties were. Have someone "trail me around for a week [and] they will find out," he responded. As for making money in addition to his salary, he declared that he had never performed a "private operation" at University Hospital until 1928, but "you can't raise four kids on nothing," so he earned an extra $964 in 1929 and $726 in 1930.[3] When challenged, Chaney warmed to the subject. MCG would never, in his opinion, amount to anything as neither he nor Sydenstricker, both brought to Augusta to reorganize the teaching in their particular specialities, had ever been "given a free hand and opportunity." The "persistent inharmony of the men associated with the school" militated against it—the internal factionalism beggared description and would be the College's ruination.

This inability to reform and grow had been talked of often by the General Education Board and was responsible for the school's failure to secure the extension of grants requested in 1927. No less a man than Pritchett himself had advised Chaney in 1922 to go to MCG, "a school that will develop." But in 1927, when he was back in New York, Richard M. Pearce reported the sense of the board to Chaney in relation to MCG: " 'They are not making any move. You can't tell what will happen.' " Pearce, who had been the recipient of any number of grants himself while at Albany (N.Y.) Medical College and the University of Pennsylvania, doubted the board would give more money to the Augusta school because it refused even to accept the basic notion that the College needed an educator to head MCG.[4] This revealing exchange was followed closely by the second—and final—resignation of Lamar and similar notice being handed to the faculty by the able Carlisle Lentz, superintendent at University Hospital and professor of hospital administration. Lentz, who had suffered considerable stress as a result of having to please Augusta politicos as well as the College, left to head a similar facility at the University of Virginia. When asked his reason for leaving, Lamar cited the private meetings of a clique in the faculty that intended to sew up its domination of the school, the discrimination against full-

timers insofar as eligibility on the executive committee was concerned, and the Augusta city council's continual meddling in the affairs of University Hospital.[5]

All this infighting apparently determined Goodrich, whose taste for administrative duties was always slight, to resign from the vexatious post of dean as soon as possible. With the executive committee under fire from both the faculty and the board of directors, Goodrich was anxious that some of these attitudes be spelled out. Accordingly he met with the directors, who, in turn, demanded from the executive committee the opinions "in writing" of those on the committee "who opposed full-time teachers" as members of said committee.[6] The loss of Lamar had obviously made an impression.

If internal bickering had not been enough to convince Goodrich to quit, then the report of Fred C. Zapffe, prepared on order of Judge Enoch Callaway, president of the College's board of directors, would have most assuredly. Zapffe, longtime secretary of the AAMC, was highly critical of the chancellor of the University for not taking more responsibility and initiative. MCG, supposedly an integral part of the System, in actuality had little tangible connection to the University. Save for the fact that the board of directors was appointed by the governor and that the school got state money, "the school is actually as much an independent institution as it was twenty-five years ago." As such MCG "lacks contact with education." The College needed badly to establish graduate programs in medicine. If organized adequately on the undergraduate level, Zapffe said, then the graduate medical programs would logically grow from the former. As for the directors, the board did not appear to be doing what it should. It was not an "unwillingness" to meet the responsibilities assigned that caused this, but the custom of "local history for such and similar boards to remain as inactive as possible." The group should meet twice a year and engage itself in the active control of the business of the school as well as be available as a "court of last resort" when needed. An executive committee of the board, with "very limited powers," should be created to meet monthly, but no member of same should hold office at MCG or teach there.

Crucial to the proper running of the school was the deanship, wrote Zapffe. "Deaning is a real job" demanding full time and full knowledge of the situation. Zapffe accurately stated that the dean's job had changed radically, even in the last ten years. Such a person must now be an edu-

cator, organizer, administrator—and a diplomat too. Assistant deans (Lamar had been Goodrich's) should do all the paperwork and much of the administration, leaving the important decision making up to the top man. The dean needed an executive faculty group of some sort, but the implication was that the committee Goodrich currently met with was not the type Zapffe had in mind. He continued to emphasize that superior organization was the key all down the line—from the internal workings of the College to its relation with University Hospital. Still, all major departments were "under-staffed" and there existed a crying need for a full-time clinical teacher in the outpatient department, now looked upon as "the most important clinical teaching" to which a student could be exposed. It might, in fact, be best to ask for the resignation of the entire faculty, renewing only those "deemed wise to renew."

For the immediate present Zapffe recommended that the search for a new dean be carried on thoroughly and cautiously. "Hasty action is unwise, as so much depends on the selection of the right man for this place." It is not true that a man who is well trained in any one field of medical activity will make a good dean. Choosing the right man to bring the school together and effect the "general reorganization" that was "essential" might make the difference between success and failure. In Zapffe's opinion, it would be wisest "to appoint an acting dean now and then take time to find the man for the dean's job." He must be completely knowledgeable about the local situation, "acceptable to all parties," and so on. The acting dean might serve a year or more—no harm done if it meant the difference between finding the proper candidate and making a poor choice.[7]

Zapffe's report is important for several reasons. First, it reflected a desire on the part of Callaway and the board, who had commissioned it, to come to grips with the seriousness of the situation. Second, many of the recommendations contained therein were actually followed—recommendations that helped get the school through the dark days that were ahead. In one important particular, however, the directors did not heed Zapffe's advice, and that related to the appointment of an acting dean until a successor to Goodrich could be found. It is impossible to read Zapffe's recommendations without concluding that he was trying to counsel the directors against employing William Lorenzo Moss as dean without first taking a good look at his actual performance in such a post. His academic qualifications and undoubted achievements in research did

not necessarily mean that he would succeed as dean—any more than the fact that he was a Georgia native and graduate of the University in Athens would be of aid to him. Although a "born teacher and investigative scientist,"[8] Moss lacked the patience to deal with day-to-day administrative decision making. Had his initial appointment been as acting dean, this trait would have come clear, but as it was he was hurried into the deanship by June 1931.[9] Time would tell as to the wisdom of this decision.

Moss inherited an almost impossible situation. Circumstances in Augusta were bad enough, but when taken in conjunction with the disastrous condition of state and national finances, his plight became even more plaintive. Still he had hopes. Only twenty-seven out of the sixty-seven who were listed on the faculty were actually paid, he wrote, and although the main building was "antiquated," still it was adequate. In the past the school had done little "investigative work," but he hoped to "stimulate interest in research," particularly through appointments he might make where "considerable weight" would be given to this facet of an effective teacher's career.[10] Among the first things he was forced to do, however, was to inform the salaried members of faculty and staff that state appropriations had been cut again and that their paychecks would have to reflect that unhappy fact. He himself took the same 15 percent cut all the others did, and was thanked by the board for his "generous spirit."[11] But he soon found that his determination to push for more research on the part of the faculty would be met with opposition on the grounds that under the rather drastic conditions of 1931, and with salaries slashed, it was all but essential for a physician—even though hired on a full-time basis at the College—to supplement his income through some sort of outside practice. Sydenstricker, among others, made the point that it was not very good timing to cut salaries while restricting "the earning power" of the faculty by insisting on more research and forbidding consultation practice.[12]

Moss effectively cut departmental budgets, however, and succeeded in taking the College out of a number of "extra mural activities" that had been delegated to it by the city and other local organizations. Such activities were good to keep community contacts, but cost money the school could ill afford to spend.[13] And by late fall 1931 it was apparent that Chaney, who had been brought to Augusta in 1922, had lost his effectiveness for the school. He was, accordingly, dismissed by the executive

committee effective the end of the 1931–32 fiscal year,[14] and was followed in the chair of surgery by the distinguished (and noncontroversial) John Sherman.

It was Moss and the directors who studied Zapffe's recommendations most carefully and put many of them into effect. The board reorganized its prudential committee, determined to have two meetings per year of the full group, and established the rule that two unexcused absences in a row meant dismissal from the board. Moss, interested in injecting his powerful personality into the College's decision-making processes, was most intrigued by Zapffe's ideas concerning reorganization of the executive committee. He studied the situation and bided his time. Suddenly in June 1932, he announced to the executive committee that he had called them together to discuss the question of substituting an advisory group in their stead. The advisory committee was to be comprised of two men from preclinical subjects, two from the clinical, and two members of the full-time faculty—basically the recommendation Zapffe had made. To his mind the current committee, dominated by the local, unpaid faculty, was not representative. Moss maintained that he had a mandate to run "the school as he deemed proper"; furthermore he—and not the faculty—would name the members of the new advisory group. The executive committee feigned shock and played for time, but the dean would not be put off. The committee resignations were handed to Moss in July.[15] Although it may be that Moss carried Zapffe's idea as to reorganization of the executive committee too far, his real mistake appears to have been in alienating members of the faculty unnecessarily by handling the affair so abrasively. Both he and the school, it was to turn out, would need every friend they could get in the next two years.

Affairs at University Hospital, meanwhile, went from bad to worse. Because Augusta had paid for the facility by floating an issue of bonds in 1913, it was only natural to expect that the municipal authorities wanted to establish and maintain some sort of reasonable control over their investment. In like manner the faculty at the school, who staffed the hospital and felt responsible for treatment and patient care, knew that it would be to the best interests of all if the Medical College exerted prime control. Basically the controversies of the 1920s and 1930s between the College and the Hospital can be viewed as variations on these themes. One of the most unfortunate things about the situation was that the administrators often were pressured by either faculty or city, and the Hospi-

tal found itself being used as a political football in the field of academic or municipal politics. Such was not always the case, of course, and the services offered at University seemed at their most efficient during the mid-1920s lasting up to about the time of the Depression with its attendant economic problems. Even so, deficits piled up every year.

By the time the structure was barely ten years old, it was obvious that adequate outpatient space and a separate facility for contagious diseases were essential. Bitter words were passed between MCG officials and the city fathers in relation to such issues as how much the faculty was expected to do for free when performing their rounds at University and Wilhenford; what ratio of salaries at the facility was to be picked up by the College; who controlled the nursing programs; what to do about immediate essential repairs; and how to deal with the accumulated deficit that was carried over year after year because the city would not pick up the bills promptly. These questions—and many more—bedevilled the relationship between the city and the College throughout the 1920s and only came to a head when both groups realized, as 1929 passed into 1930, that neither interest had the funds *nor* the desire to pay University's back bill.[16]

A revealing report made at the end of 1929 showed that University would open the new year with an accumulated deficit of almost thirty thousand dollars—an impossible situation. The buildings needed repair; a full-time painter was necessary just to keep up with interior and exterior deterioration. Furthermore, the equipment was "constantly depreciating," and was not replaced until it was "absolutely necessary." But the place had to have more income—it cost as much to hospitalize and care for 150 patients as it did for 200 or so, it was pointed out—and the hospital had only twenty-nine private rooms. No wonder the deficit mounted! There were "almost no facilities for sick children," and no space set aside for the contagious or those with tuberculosis. The great need was for "a partially endowed Hospital."[17] Under the press of circumstances, the faculty investigated the situation at University in 1930 and came up with a large number of cosmetic economies—such as releasing the "chef," dismissing five maids and two cleanup men, reducing the salaries of all employees who made over forty dollars per month by 10 percent, and curtailing the use of the elevators to conserve power.[18]

The city's efforts to reorganize the Hospital in 1931 proved no more successful than earlier attempts, and with the departure of Carlisle

Lentz, University's superintendent, the situation became more chaotic than ever, particularly when it appeared that Lentz's successor would not be acceptable. Moss became involved in several imbroglios with staff, physicians, and politicians on such issues as the contract between Augusta and the College, the rights and privileges of the school at the Hospital, the Training School for Nurses established there, and the extent of "medical and surgical" control over University.[19] There were no easy answers at the time, but it was plain to most informed observers that the situation at University would never be solved until the Medical College could operate its own hospital facility. That was simply out of the question in 1933 when the issue was the survival of the school itself.

One other aspect of the College's history that started in the twentieth century but failed to develop as its initiators had hoped was the department of public health. This was a relatively new area in medical education, but the public health impetus, given a boost by the Progressive Movement, was sweeping the country in the post–World War I years. It seemed to Dean Doughty, as he discussed the possibility of creating such a program at MCG with Governor Hugh Dorsey in 1919, that the field was wide open. Community sanitation, disease control, the creation of local boards on the county level, and the stimulation of an interest in research could not help but benefit the state at large. Doughty, who at the time was the president of the State Board of Public Health, put his cause succinctly and effectively; the state legislature called out for local boards to be organized throughout Georgia. The time was ripe, the dean thought, to ask for state funding to start "public health teaching in our school." He requested twenty thousand dollars from the state to open such a program, and he got precisely what he wanted.[20] A special bulletin issued by the College announced the triumph and indicated that the school was abreast of the new interest in public health. The Ellis Act of 1914, which encouraged local entities to create facilities for full-time "county health work," was implemented by about thirty of Georgia's counties by 1920. Offerings in public health at the Augusta school, with one function being to train personnel for these local boards, would soon be available.[21]

Instruction began in February 1921 under the leadership of Robert Alexander Herring, professor of hygiene and preventive medicine, "a Southern man" who had been in the area of public health for years.[22] The program was launched by a successful "County Health Officers'

Institute" attended by virtually all of Georgia's and South Carolina's health officers—about forty in number. The funding for such an institute came from the College, the State Board of Public Health, and the Rockefeller International Health Commission.[23] The beginning seemed auspicious, but the public health program at MCG may have peaked with this first institute.

Southern man or no, Herring and the administration could not get along. By September he was gone, his place taken by Henry B. Neagle.[24] The program itself consisted, at least on paper, of an undergraduate offering during the third and fourth years and a three-month graduate program for those who already held the M.D. degree. Neagle commended the city and county for cooperating with the College "in a health program that provides unexcelled opportunity for teaching."[25] The Medical College, in fact, congratulated itself for having this offering in its curriculum. "Georgia should be complimented upon her pioneering spirit in this regard," the enthusiastic George Lombard Kelly wrote.[26]

But the offering never caught on. Perhaps it was the death of Doughty, who had pushed successfully for the creation of this department, that nipped it in the bud. In his final report as dean he praised Neagle as "a good mixer" who had made many friends for the school and was in 1923 the head of public health for Augusta and Richmond County. He expected good things from the fine opportunities offered for "field teaching" as a result of the excellent beginning that had been made,[27] but there was no real development. When Neagle left the school in 1926 Paul Eaton was put in charge, but he was succeeded by J. E. Rush the following year.[28] Continuity was lacking, and it was difficult to coordinate the teaching of public health with the rest of the curriculum. Goodrich agonized over the situation, but he was unable to find a solution to the whole issue, which began to involve personalities as well as politics.[29]

The situation deteriorated. Rush, at loggerheads with the dean and some of the faculty, was relieved of his duties as head of public health in 1930.[30] Rush publicly denounced the politically astute Eugene Murphey, whom he saw as his greatest enemy, and the city council became involved. The result was a spat and a series of revelations that did no one any good.[31] The decline of the public health offering and the departure of the controversial Rush may have been the deciding factor in the school contacting Moss, who was then acting dean of Harvard's well-known School of Public Health.[32]

Funding crises and Zapffe's 1931 investigation of the College was the coup de grace to public health at MCG. To the outspoken Zapffe, Georgia could not "maintain an effective school of preventive medicine and public health," and should not try to do so. The experiment had been a "complete failure" and must be recognized as such; the money wasted in public health could be put to good use elsewhere.[33] It was not surprising to read in the catalog for 1932, then, that advice of "leading educators and Public Health administrators" had brought the College to the conclusion that degrees would no longer be granted in the field. It appeared that "the demand in the State of Georgia for such a school of training does not seem to be sufficient to justify its continuance," so concentration would henceforth be put on the four-year offering in preventive medicine. Until the state required officers on the county level to have a doctorate in public health, there would be little or no need for such graduate work.[34]

In the ten-year existence of the school of public health, only twenty-seven men and women received degrees, four of these earning two degrees each. In all, eleven doctorates were awarded, thirteen bachelors of science, and seven masters of science.[35] A program that had begun with such optimism and such widespread support had been the victim of improper administration, lack of initiative, involvement in politics, and the economic woes brought on by the Great Depression.

When the board of regents reviewed the situation at the Medical College of Georgia in 1933, it accepted Dean Moss and the other officials at the school as its own. Moss, who had been in the dean's chair roughly eighteen months by the beginning of 1933, had made a survey of fees at the other accredited medical schools in Canada and the United States and had concluded that the charges at MCG should be raised substantially. Of the eighty-six accredited colleges, only seven had lower fees—and three of those gave only the first two years of the "medical course." He proposed an immediate increase for Georgia residents from $105 to $180 per annum, with out-of-state students paying twice that much.[36] Hughes Spalding, Atlanta attorney and first chairman of the board of regents, indicated his approval of the new scale but felt that it was the dean's authority to act in this area. He appreciated being informed of the situation in Augusta, however.[37]

It may be that Moss realized the precarious situation of the College and was trying to strengthen its position by raising more revenue from

tuition. Georgia and the nation, following the election of Franklin D. Roosevelt but before his inauguration, were reaching the nadir of the economic slump in early 1933. Banks were foreclosing; bread lines stretched through the streets of the cities of America; unemployment reached its zenith. Out of stark necessity, the budget of the University System for 1933, already near rock bottom, was all but halved. Dramatic steps were necessary if the state and nation were to save themselves. It was during this period of crisis that the state legislature authorized the regents to do whatever they deemed best for the University System, including elimination of some of the weaker members. The regents were also authorized to rewrite schools' budgets, and to make this easier a lump sum appropriation was made to the board so it could allocate money where it would do the most good.[38] With this mandate the board of regents, which had been studying the plight of higher education in Georgia for over a year, went to work in earnest.

Chancellor Charles M. Snelling, head of the University System of Georgia, had commissioned a report and survey of the entire system in May 1932. Funded and controlled by the General Education Board of New York, this blue-ribbon group spent months talking, reading, and interpreting. Its findings were handed to the board of regents in February 1933, at about the same time as the cutback in state appropriations. The recommendations stated succinctly that there was little or no hope, bearing local Augusta conditions in mind, that the Medical College of Georgia could be made into a first-class institution. The funding, the building, the lack of control over the hospital, the few full-time teachers—all these factors and more militated against the school.[39]

But action was not taken against the institution without considerable thought and soul-searching. That Spalding and the regents contemplated discontinuance is certain, but they also wanted to make sure that the situation was as bad in Augusta as it was painted. Accordingly, William D. Cutter, secretary of the Council of Medical Education of the AMA and formerly on the Augusta faculty in physiology and pharmacology, and Merritt W. Ireland, Surgeon General of the Army until his retirement in 1931, were asked to render opinions of the Medical College to the regents, presumably to see if their recommendations would jibe with those of the New York Board. Cutter and Ireland carried out their inspection of the school 10–12 April 1933. Cutter, speaking for both inspectors, declined to offer an opinion as to whether MCG should

be eliminated from the System or not, but he made the point forcefully that if the determination was to keep the school, then it should be supported properly. The regents also should make certain that the hospital be under the University System's control and that contagious diseases and outpatient services get separate facilities. One action that must be looked upon as most important, Cutter advised, was deciding how many doctors and physicians the state of Georgia needed.[40]

On 15 April 1933, apparently to the surprise of Moss and everyone else in Augusta, the board of regents eliminated eight schools from the University System, one of them being the Medical College of Georgia. The usual reasons—domination by the local doctors, lack of control over its hospital, too few full-time positions on the faculty, poor equipment, lack of financing, and an inadequate building for instructional purposes—were cited. The local reaction might be summed up as shocked disbelief. But it was apparent that the community was not going to accept the decision of the regents as final until after a struggle. As the *Chronicle* loudly pronounced, a campaign would be waged to have the vote reversed. The community, aroused as never before, would "fight for the retention of our medical college." If the regents could not be convinced to reverse themselves, then Governor Eugene Talmadge would be pressured to call an extra session of the legislature where Speaker of the House Roy Harris felt confident Augusta's appeal would be heard. Whatever the tactic, it was pronounced editorially that "a rousing demand" would create a "storm that is going to break over the state."[41]

Whether the decision of the board of regents would stick or not would, then, be up to the local leaders of the community and to the faculty and alumni of the Medical College of Georgia.

Chapter 12

Survival

The Augusta political delegation, headed by the energetic and ambitious Roy V. Harris, sometime friend and associate of Governor Eugene Talmadge, went into action to see that the fatal vote to eliminate MCG was reversed. Petitions and letters poured into Hughes Spalding's office, prompting him to comment dryly that he had not realized how outstanding the school was—"until it was discontinued." He heard from Rotary clubs, chambers of commerce, Lions, Elks, Civitans, Kiwanis, and even received some chain letters—all of which was "certainly helping the Post Office Department." As for him, such effusions had no impact, "but I can see signs that it is having a great effect upon other members of the Board."[1] And well it might, for Harris and the Richmond County delegation in the Assembly were bound and determined to convince Talmadge, who sat ex officio with the regents, that the Medical College must be reinstated. The students at the College petitioned the governor, and a committee of outstanding local leaders—including such men as Moss, Sydenstricker, Kelly, and Murphey—orchestrated public opinion.

The regents, however, did not give in to the public outcry. Armed with the opinions of the influential Cutter and Ireland, Spalding dictated a memorandum for Erle Cocke, secretary of the board, on 1 May 1933 spelling out the conditions under which the regents could reestablish relations with MCG. Control of University Hospital, through the dean, must be assured, and the city council's influence had to be removed from the institution. Augusta must help the state maintain the hospital, however. The familiar deficiencies of the outpatient clinic and contagious diseases had to be remedied, and student registration should henceforth be limited to residents of Georgia. Whatever arrangements were finally

worked out, Spalding stipulated, had to receive the specific approval of both Augusta and Richmond County so there could be no doubt.[2]

Moss, with rumors flying about, was confused. He had heard that the school would close "effective June 30, 1933," and would aim toward that date, but what about the students who were *not* scheduled to graduate; what about scholarships offered, applicants recently accepted, and so on?[3] The situation was so fluid that it was anyone's guess as to what might happen.

Spalding, in fact, floated a trial balloon with Pleasant A. Stovall, founder-editor of the *Savannah Evening Press,* to see if Stovall would print an account based upon the findings of Cutter and Ireland in his newspaper. Stovall had commended the regents editorially for doing a "good, brave thing" by eliminating what could only be described as high schools from the University System. It made him nostalgic, though, that MCG, "where school boys have attended lectures on chemistry for the last sixty years" (Stovall being one of them), suffered a similar fate. Still, the regents' determination "in improving and perfecting the system" could only be applauded.

Spalding wrote Stovall that he feared a number of things: he felt that there was already a surplus of doctors (citing as his authority a recent study by the Council on Medical Education); he deplored the attendant drain on "the distressed taxpayers"; and he therefore felt there was little justification "for two medical schools in the State of Georgia." Should the legislative and executive leaders decide that they wanted to devote Georgia's "limited resources" to medical education, then the state must spend two or three times more than it had in the past. It was fine to back the idea of supporting the school in such a way, but considering the paucity of income the danger was "that it will cripple the University System as a whole." Rather than reduce all institutions "to the level of mediocrity," the regents had opted for quality when, after a year's deliberation, they eliminated the eight schools in their stirring April 15 vote.[4]

Stovall responded emotionally. He simply could not accede to Spalding's request. "As a boy I went to Richmond Academy," next to the Cluskey building, and took chemistry classes there. "I am an old Augusta man," he said, and he just could not bring himself to publish an article rationalizing the demise of the school. In closing Stovall cited Daniel

Webster's famous remark about Dartmouth College—how it was small and not very important, but that there were those who loved it.[5]

The Augusta campaign was beginning to pay off. Pressures mounted on the regents and on the governor. Spalding, answering Eliot Clark's letter in support of the College on May 9, said that it was feasible that the Medical College "will be reestablished" within the System. However, it could not come back on the same casual basis as before. It was only proper to impose "certain conditions" for reentry in order to prevent "any meddling by local physicians" and local politicians.[6] Two days later Gene Talmadge was in Augusta and found himself besieged on all sides by the advocates of the College. He assured the supporters that he would introduce the issue at the board of regents' meeting the following day and that he would personally vote to reinstate the Medical College. Talmadge was as good as his word, and on May 12 the regents reversed themselves and accepted the College and its dean back into the fold.[7] At the same time, the regents designated a committee to go to Augusta to complete an understanding with the city whereby University Hospital was to be more closely associated with the Medical College. New Chancellor Philip Weltner, an Augusta man, presided over the committee, and an agreement satisfactory to both sides—at least for the time being—was arranged.[8]

There was rejoicing in Richmond County that its old medical school had been snatched from the jaws of death. A search for federal funds through one of the New Deal's relief agencies was begun, the idea being to construct a building for the dispensary as Cutter and Ireland had suggested. But a problem arose regarding ownership of University Hospital. The school was not eligible for federal funding in this instance, as Spalding saw it, because the University System did not own the property on which the new building might be put and the federal government would not make loans or grants for improvements "on leased property."[9] Nor was this the only problem. Cutter contacted Spalding following a June 1933 meeting of the Council on Medical Education and Hospitals and told him that the Council had voted to keep the Medical College on the approved list for one more year only. Cutter hoped, he said pointedly, that the many defects noted in the April report would be straightened out by then. Moss, Weltner, and Cocke were also told of this news.[10]

The state, strapped for funds, was unable at this juncture to help materially in building the contagious diseases and clinical addition that Uni-

versity Hospital and the College so desperately needed. The financial situation seemed bleak, but an agreement with the Georgia Public Works Advisory Board was ultimately arranged whereby Augusta would be given about twenty-five thousand dollars in federal funds to commence construction work. But that figure had to be doubled by local funds. It was a tribute to the community, and particularly to *Chronicle* editor Thomas Hamilton, that the sum was matched in a local campaign with the city and county contributing generously. The remnant of the 1928–29 centennial fund was the final dollop that put the drive over the top, and bids for the new addition were advertised in March 1934.[11] But by that time the College had suffered several more blows—blows that would have caused a school with less determined supporters to give up the fight.

The Augusta situation had jelled by late summer 1933 to the point that Moss felt that he could report to the regents on the mood of the community and particularly on the stance taken by the medical profession in the city. As far as he could tell, the attitude of the members of the Richmond County Medical Society, which included "most of the unpaid members of our faculty and [backed by] practically all of the politicians," had not changed an iota "in reference to their 'ownership' and right to control the school." Chancellor Weltner had been able to see optimistic signs locally, but not Moss. Hamilton was going to keep the school in Augusta regardless of "any increase of usefulness or service which it might render in some other location." Henry Shaw had even told Moss that the city would soon buy "the property on which the school stands" and give it to the regents, thereby rendering it all but impossible for the board to move the College from Augusta.

Moss also had heard that Shaw and Murphey were trying to influence the regents to remove him from the deanship, replacing him with Murphey. Whenever Spalding or Weltner thought it best for the good of the school his "resignation, effective immediately, will be placed in your hands." The needs of the school, though, first and foremost revolved around securing a faculty that could bring the ideal of Chancellor Weltner to reality. At present he could only borrow men of this sort, a reference to the visiting professors resident at the school during the 1932–34 years, as there would be no hope of securing such men on a nontransient basis until "there is reasonable assurance of some permanence of the school with satisfactory hospital facilities." Moss feared that should an official of the American Hospital Association appear and apply

the same standards as the Association did elsewhere, "the University Hospital would be discredited on almost every count." He summarized for Spalding in case he missed the main point: there was a group in Augusta "working tooth & toe-nail" to prevent the school from being moved and to keep control of the hospital and College "in their hands." "I think neither of the above is in the best interest of the school."[12]

On the surface it seemed as though the crisis for the Medical College and its relationship to the University System had been solved. At the beginning of the fiscal year the institution experienced another name change, and was now officially known as the University of Georgia School of Medicine. The situation seemed outwardly calm, but that there was much jockeying for position beneath the surface was apparent, for example, from the previously cited Moss letter written in September. Although the relationship of the school to the University seemed to be clarified, it was by no means certain that the facility would remain in its old home; some Augustans feared Atlanta or Athens would claim the school. But whatever its location, there was considerable pessimism as to MCG's future because of the state's inability to fund the institution adequately—this in spite of the 12 May 1933 rescinding vote.

With an AAMC inspection looming menacingly on the December horizon, Spalding wrote a personal letter to Chancellor Weltner expressing the opinion that "the Medical College is down with an incurable illness." As an Augusta person Weltner was instructed to go to the College, meet with Moss, and consult with Zapffe on what could possibly be done. (Spalding feared that Weltner would be able to return to Augusta subsequently only if he were "well disguised."[13]) At the same time the chairman wrote Lombard Kelly a hard-hitting, practical letter that seemed calculated to bring on a crisis in the school's existence. Do not delude yourself or let the faculty and city hide from reality, Spalding advised. Unless the standards of the AMA and others are reached and observed the school will go under. The regents have no money to carry out the recommendations. Should the College wait until its accreditation is lost before it is terminated, or should an end be put to the institution before it limped on, unable "to function properly," toward its doom?[14] The energetic Kelly, whose devotion to MCG amounted to a fixation, waited for almost two weeks to respond to Spalding's letter. It must be surmised that he did a great deal of talking to community leaders and other College supporters during that period, a phenomenon of which

Spalding was surely aware. Kelly found the mood positive—he may, in fact, have *made* it positive—for in his response to Spalding he said simply that the objections of the various national agencies would be met. Augusta was a generous town and had risen to difficult occasions before.[15]

Weltner was busy, in the meantime, both in Augusta and meeting with Augusta delegations either in Atlanta or elsewhere. He gave his "enthusiastic approval" for plans to enlarge University Hospital and also to the general notion of the city buying the land on which the hospital stood and then deeding the package to the regents. If for some legal reason this could not be done, then the city would buy the property anyway and add the wings needed for "a clinic building and a contagious diseases hospital."[16]

Spalding was apparently informed in late January 1934 that the Council on Medical Education and Hospitals would revoke the "A" rating of the Medical College of Georgia, just as he had feared.[17] To his way of thinking it was one of the last nails to be driven in the school's coffin; the only thing that could top it would be if the AAMC dropped the school from membership in its organization. When that too was done some months later, the fate of MCG, which had existed in one form or another for over a century, seemed sealed.

By late February 1934 the Medical College had had its fill of Moss, and Moss had had his fill of the College. Losing the "A" rating was the straw that broke the camel's back. Local pressures for him to resign mounted, but he resisted the onslaughts of Augusta's politicians and physicians until Weltner himself requested him to step down. Moss did so immediately, as he had promised, when the regents felt that he could be of no further use.

The Moss regime as dean, although short, was full of more omens and developments than a twenty-year tenure served by any other physician in the school's history. He found the College in a state bordering on anarchy following Goodrich's ineffectual term. His efforts to reform the internal structure of the administration, to provide adequate executive leadership, to give some order and discipline to the lax handling of affairs at University Hospital, and to "borrow" outstanding visiting professors from the best medical schools in the country were admirable. But he came to Augusta at a time when the sort of stringent reform and rethinking that was needed was all but impossible because of the school's—and state's—precarious economic condition. That his personality and attitude hard-

ened during the course of time was attested to by Zapffe's testimony that his rule was authoritarian. The fact remains, however, that his ideas were good; it was the times that were out of joint.

As dean, Moss was the first of MCG's leaders who attempted to bring the school into the mainstream of American medical research and education. He was, in sum, the school's first modern, full-time administrator. Cutter and Ireland saw what he was trying to do in 1933. With the board of regents overseeing the situation, and with the "honest and intelligent leadership" of Dean Moss, "the school seems to be in a position to break away from the proprietary school traditions which have hampered it thus far." Before Moss's arrival on the scene "affairs were managed by an executive committee in which the salaried members of the faculty had little or no representation." Nowhere had tenure provisions or the responsibilities of department heads been set down.[18] It would be state funding that would make the difference in the dean's success or failure. That the economic indicators plummeted during his term in office meant that his experiment in reorganization would not be immediately effective. But as a result of his ground-breaking efforts in several areas, the work of his successor in office, George Lombard Kelly, was rendered considerably easier—something neither Kelly nor his ardent supporters ever publicly recognized.

Kelly inherited an uneviable position when he took over as vice-dean in February 1934. Even the College's most devoted followers seemed on the verge of despair. But the vitality and optimism of the new man on the job seemed to overcome the prophets of doom. Kelly found a dwindled and dispirited faculty, a crowded and dated library, a filthy and hopelessly inadequate outpatient area, and a medical building that had seen its best days. And yet there were positive signs. The programs in medicine, pediatrics, obstetrics, and anesthesiology—to name a few—were ahead of similar programs at other schools in the section. He saw as his job strengthening the faculty, particularly by adding more full-time personnel; making sure the new outpatient department was completed (a joint venture of the city, alumni, and Public Works Administration [PWA] funds); modernizing the administrative techniques and practices at the school; and putting more emphasis on research and its relationship to superior teaching. In none of these areas did his notions substantially differ from Moss, but the style and personality of the dean's office were markedly altered. So Kelly, with an enormous boost from Chancellor Weltner (who

was often by his side), began his campaign to attend all of the major meetings of the various accreditation agencies that affected MCG. Sydenstricker went along with them to several of these national meetings. It was their plan to push for a probationary status for the College until the improvements at the school, most of which were already underway when Kelly took over the helm, could demonstrate that the College was serious about reaching the standards set for it. The men were, in short, playing for time.[19]

"Panic among the students was spontaneous and simultaneous," Kelly recollected when looking back to 1934, and much that he did can be viewed in the light of assuring the matriculants that their degrees from MCG would not be worthless. Working behind the scenes as he, Weltner, and others did in Washington, Chicago, Cleveland, and elsewhere was all well and good, but the people at home needed assurance. The report of yet another inspection, this one requested, gave Kelly the impression that could the friends of the College raise twenty-five thousand dollars to augment whatever state, local, and federal monies were available in 1934–35, then the "A" rating might return to the school. So Kelly and Weltner, teaming up once again, encouraged formation of a local funds committee that was so immediately successful that it raised the necessary money in about two weeks.[20] Armed with this information and ready to tell anyone who would listen about the improvements underway at the MCG campus, the dean, the chancellor, and Sydenstricker left to confront the Council on Medical Education and Hospitals. Even with these positive items to emphasize, their task was not easy, and, in the final analysis, it took an "impassioned oration" by Weltner simply to have the Council recognize that the four classes in attendance at Augusta during the 1934–35 term would be exempt from the Council's strictures.[21] It was a long way yet before the "A" rating was returned, but Kelly and Weltner were pragmatic men who accepted what they had won as significant—and determined to go on from there.

Back at the College itself, Kelly had first presided over the faculty in his capacity as acting dean in March 1934. The mood was somber. The Council's report and the College's subsequent fall from the approved list were brooded about. But the feeling of the group turned more positive when the new building, to house the long-awaited outpatient wing, was discussed. Although it was felt that the remainder of the College's income might be inadequate for the school's most pressing needs, "an

itemized list" prepared for Chancellor Weltner might help the regents and MCG meet the funding problems head-on.[22]

The revived executive committee, far more representative of the paid faculty than was the old committee under Goodrich and Moss, met for the first time in June and began to attack the problem of inbreeding, so long a tradition at the College. A budget, composed in part of a pitiful sixty thousand dollars from the board of regents, was recommended for the fiscal year 1934–35.[23] Life went on and hope returned, but Weltner was especially worried—as well he might have been—about the school's membership in the Association of American Medical Colleges.[24] A new spirit, however, seemed to permeate the campus. With the money that was raised, thanks to the generosity of the community, the College now felt that it could overcome the immediate challenges it faced.

That the general mood of the faculty and the spirit of the student body and community were so optimistic was patently owing to the grit and will exhibited by Lombard Kelly. He also saw to it that a special fund was established to encourage faculty to do more research. This fund provided a goal and incentive for the physicians and the Ph.D.'s, who were now coming into their own at the College, to engage in original enquiry. Also, five fellowships, each bearing "a stipend of $900.00 per annum," were offered for the first time in the 1934–35 school year. When the new wing of the University Hospital, named for Milton Antony, was finished and accepted in January 1935, activities at the school seemed to pick up noticeably.[25] But outward signs are not always reliable. For instance, the College had no funds to equip the new Antony wing. The long-desired facility, intended to house the contagious diseases ward and the outpatient department, sat empty—a vacant shell—until Mrs. John W. Herbert, a Northern philanthropist, contributed the necessary funds to furnish it "as a memorial to her husband, son, and daughter."[26]

Weltner continued to push the board of regents for additional appropriations to the Medical College. For the 1935–36 year he recommended a giant thirty-thousand-dollar increase in funding—a request that, after some grumbling on the part of the board, was granted. Weltner, who had done more than anyone in the University System to salvage MCG, spoke at commencement exercises in 1935. His resignation, which had been offered some time before, became effective shortly thereafter at the opening of the new fiscal year, and he was succeeded by Steadman Vincent Sanford.

The ebullient combination of Kelly and Weltner, although not triumphant all along the way, had made marked progress toward putting MCG on sound national footing. By way of showing their approval of what Kelly had done, the regents named him dean of MCG, effective in late summer 1935, taking away the acting status. Prior to that the city of Augusta, in another show of good faith and confidence, bought land adjacent to the College and deeded the property to the regents, thereby making the school eligible for the expenditure of state funds in the construction of new buildings. The regents were not long in acting. By the fall of 1936 the ground was broken for what was to be the Dugas Building, intended to house the department of physiology and pharmacology and the department of biochemistry. It also contained the first really adequate auditorium that the school had enjoyed since the old days on Telfair. The completion of this structure, paid for in part by PWA and state monies, marked the first building on the MCG campus constructed by the board of regents. Dedicated in October 1937, it was soon followed by another ground breaking, the second of the regents' buildings at MCG. The new structure, next to the Dugas Building and later named for the politically active Murphey, housed bacteriology and pathology, and was ready for use by the fall 1939 term. The physical plant of MCG, which had grown so slowly over the years, seemed determined to absorb all the Tuttle-Newton property and the adjacent middle-class neighborhoods. And the spirit of the school, rarely found wanting, seemed to expand proportionately with state allocations.[27]

But what good are buildings if there are no students to fill them or if a degree from the college in question has no value? The key to the growth and health of the school can be found in its successful campaign to regain a place on the approved list of the Council and to be restored to membership in the Association of American Medical Colleges. To secure these two items again was no mean feat, but Kelly had his mind set on both of these goals. And what Kelly set out for Kelly usually got. That the task was long and hard was attested to by none other than Kelly himself. The struggle with the accreditation agencies, in fact, left him with a bitter taste that even the passage of twenty years could not remove. To him, these influential and well-funded groups, dominated by physicians and administrators from the East, had no concept of what MCG was all about. Just because "over-supplied New York had doctors in the bread-line," these councils and boards were dead set on closing medical

schools all over the country—in spite of local considerations. As he put it most succinctly, "There was blood in the eye of the accreditation bugbear."[28]

But he was willing to play the bugbear's game—and beat him at it. Because he was able to demonstrate to the authorities the forward steps that the school had taken since the fatal inspections of 1933, MCG was returned to the approved list by a vote of the Council on Medical Education in May 1936—but only on a probationary status. Less than a year later the ubiquitous Zapffe, who must surely have known the plant and program at MCG as well as the palm of his hand, headed up still another team of inspectors who poked around the College. Kelly and Sydenstricker followed the inspectors to Chicago and were rewarded by a vote of the executive committee of the AAMC that restored the Medical College to membership in that coveted group. In the shadow of those major triumphs, the ultimate judgment of the Council in removing the probationary nature of the approval vote in May 1936, must surely have been anticlimactic[29]—except for such as the victorious Kelly, who telegraphed the good news home once the vote had been taken.

With restrictions removed, funding increased dramatically, and standards at the school on the upswing (three years of college were required for entry in 1936), it seemed as though MCG was poised and ready to enter the decade of the forties with anticipation and confidence. Although Georgia's economy went on another uncontrolled downward swing in the late 1930s, causing temporary cutbacks in salaries and hiring practices at the Augusta school, Kelly was instructed by his executive committee to communicate to the regents that such reversions presented "an impossible situation." The "delicate position" in which the College stood with its accreditation must be underscored for the state officials in no uncertain terms.[30] Once again MCG fended the wolf from the door. By the time of the outbreak of World War II in 1941 the author—probably the indefatigable dean—who wrote that "the Rubicon of adequate state support has been crossed," spoke truly (although he may have been guilty of articulating a very muddy image).[31]

In matters relating to peripheral questions concerning the life of the College and of Augusta, it was announced to the faculty in 1930 that the Sand Hills Garden Club "had agreed to rehabilitate" the old Cluskey building on Telfair, which had been used for various activities by the Academy of Richmond County after it had been vacated by the medical

school.[32] The fine old building had served its purpose well and the community hated to see it deteriorate further, so the announcement was welcome in all quarters.

As the Depression worsened, University Hospital became overloaded with "indigent poor" and had to face basic problems of what to do in situations where "humane consideration" might demand entry and treatment for all, but where the economic realities dictated otherwise. The situation at one point became so serious that the executive committee had to meet with the chairmen of the commissioners of the twelve surrounding counties, four of them from South Carolina. A use was found for just about everything, even for University's garbage, which had been "solicited" by local politico John B. Kennedy for the hogs on his farm.[33] Perhaps a more delicate question related to the "circumcision ceremonies in the Hospital." When held in the wards, they were accompanied by no little "noise and confusion" that disturbed the other patients. The hospital committee delicately suggested that these rites be allowed "only in the reception room of the first floor." To deny this privilege entirely "would practically amount to the exclusion of Jewish obstetrical patients in the Hospital."[34]

In the midst of such crises it was heartening to see a distinguished chapter of MCG's past being recognized. The centennial of Paul Eve's excursion from France to Poland in 1831 to help the Poles in their fight with the Russians was celebrated in Augusta by the dedication of a monument, and was marked in Warsaw as well. A tablet to Eve was unveiled "in the headquarters of the Military Medical School" in the Polish capital—an event that was reported in one of the New York newspapers. The American ambassador to Poland remarked at the ceremony that Eve's organization of "a Polish-American committee" in Paris, and his subsequent appearance at the war zone to treat the wounded "in reality was the first American mission to Poland."[35] In Augusta, the medical school presented a bronze tablet that was unveiled by Genevieve Eve from Tennessee, Paul Eve's great-granddaughter. Former Governor Lamartine Hardman, MCG graduate, represented the Medical Association of Georgia, and the primary address was by the Polish ambassador, Tytus Filipowicz. This visiting dignitary was to be met at the depot by the Richmond Academy cadet corps, "and the band will play the Polish national anthem." In the evening a gala dinner in honor of Filipowicz and the other visiting dignitaries was held at the fashionable Partridge Inn.[36]

It was a time of low prices as well as low pay in Augusta. Moss wrote a prospective new faculty member in 1932 that houses rented for anywhere from forty to eighty dollars per month—and there were plenty of them. He himself had a furnished house on King's Way with a one-hundred-by-four-hundred-foot lot for seventy-eight dollars.[37] One of Chaney's patients, a Mrs. Corley who sold groceries on Central Avenue, let Mrs. Chaney take as many vegetables or staples as she needed without pay, waiting for the money whenever it became available.[38] The town was obsessed, during the bad as well as the good years, with the price of cotton, for in its rise or fall was spun many fortunes. But as the fates of the economy and the Medical College hung in the balance, the movies carried on, offering the public the kind of escape from reality it wanted so badly. Although the contents pale beside the films of the 1970s and 1980s, some of the advertising techniques, at least, sound familiar. On 14 April 1933, Good Friday, as the Medical College was about to be voted out of existence by the board of regents, the exotic Modjeska Theatre advertised Frances Dee and Buster Crabbe ("The Lion Man") in *King of the Jungle.* "Civilization Tamed Him," said the copy, "To the Ways of Men . . . and Women! Glorious, Naked White Giant from the Black Jungles . . . King of Beasts, and Slave to a Woman! A Grand Show of Surging Passions and Unmeasured Thrills!" (The same edition offered Easter lilies in pots, with three flowers or buds per plant for one dollar.)[39]

Although technically in the age of prohibition, liquor of all sorts was easy to come by. In the 1930s, when Philip Dow came to the faculty, it was "quite the thing to have your own bootlegger." Or, if you preferred, you might go over to South Carolina for your liquor, as Dow and one of his colleagues did now and again.[40] Murphey, who lived with his wife in the splendors of the old Government House on Telfair Street, loved to sip on good locally made whiskey. He and Goodrich enjoyed drinking corn liquor and water, in iced tea glasses, on Murphey's side porch—arguing all the while on the virtues of various aspects of medicine.[41] Roy Harris, a political power in the state for decades, remembered his move to Augusta from Louisville in 1931. He was a bachelor at the time and took a second-floor back apartment in a house still standing next to the Christian Science Church on Greene Street. Although a member of the Methodist faith, he recalled a few lazy Sundays when he would occasionally raise a window of his apartment and listen to the reader next door—and attend church that way.[42]

At the height of the Depression, in 1933, the Augusta National Golf Course was completed, but it was doubtful if the salaries paid at the Medical College would permit many staff or faculty to pay the initiation fee—much less the other associated bills. In 1934, for example, the dean demanded an anemic $800 (compared to Goodrich's earlier $1,200); Janet Newton, assistant to the dean, carried home $2,000; and the librarian, Janie Turner, was paid $1,200—plus $200 "for training." Sam Brock, who stayed at the College only one year as professor of surgery, and Sydenstricker were the highest-paid faculty members, both receiving $4,800. At the same time the library subsisted on a total purchase budget, including periodicals, of $2,700.[43]

The first Master's Golf Tournament, won by Horton Smith, was the social and sports highlight of 1934 for Augusta. But for a dedicated birder, such as Murphey, an event much more exciting than a golf tournament was the "amazing migration of Robins" in town, many of them "fat and saucy and quite tame." A few men and boys had been turned over to the authorities for shooting a number of them, and Murphey hoped the punishment would be stiff enough to hurt. He sat in his office in February 1934 and counted as they returned "to the Swamp below the City for the night." From a window with a southeastern exposure and with a restricted view of only the horizon, he logged 1,546 robins in considerably less than two hours.[44]

The black population—both medical and general—suffered the same problems as the whites during this Depression decade, perhaps explaining the relative closeness of the ties between the races during this time. While Goodrich was still dean in 1931, "the negro physicians" of Augusta planned a convention "during health care week," and had asked MCG for assistance. The executive committee "decided to grant their request that certain clinics be held at the University Hospital for their benefit."[45] During the bicentennial celebration commemorating the founding of Georgia by Oglethorpe in 1733, the Negro community planned a monster rally at the Springfield Baptist Church in downtown Augusta. Twelfth and Reynolds streets were to be blocked off to "accommodate the huge crowds." There was a band concert, a chorus with two hundred voices singing spirituals and "Georgia songs," and other planned activities. The main speech for the occasion was to be delivered by Dr. C. H. Tobias, national secretary of the "colored Y.W.C.A.," and "an Augusta boy" who in 1933 lived in New York City.[46] The white

population was cordially invited and was assured that a proper place would be reserved for them, just as a "special platform was erected for white spectators" when Louis Armstrong and his "14 piece band" appeared at the Augusta Sea Beach in 1935.[47] In the same year a "post-graduate course for Negro physicians of Georgia was begun in June" at the Medical College. This course, which may have grown out of the clinics that were held from 1931, had become "an annual feature" at MCG and was "enthusiastically attended by forty to fifty physicians each year."[48] Kelly announced that a similar course was planned in 1937 and that dentists, pharmacists, and physicians from all over the state were expected. Money to help with expenses came—at least in part—from the Rosenwald Fund.[49] Also in 1937, Frank Yerby, who proved to be one of the most successful black writers of historical fiction in the country, graduated from Augusta's Paine College.[50]

In 1939 a rather astonishing idea was broached in the meeting of the dean's advisory committee. "The suggestion was made by Dr. Pund that a committee be appointed to see if means can be devised to accept a few Negro students." Kelly named Pund chairman of the committee, with Hervey M. Cleckley and Everett S. Sanderson as "members" to look into the idea.[51] The records do not indicate what the deliberations and findings of this committee were, but it may well have been that on looking into the situation its unacceptability became immediately apparent. Certainly the board of regents, dominated by the conservative appointees dating back to Eugene Talmadge's most recent term, would have counseled against such a path, and the local Richmond County political leaders would have done the same. But the remarkable thing is that black admissions were even considered at all. At the time Georgia was in a honeymoon period with Franklin D. Roosevelt and the New Deal—in spite of the attempt by the president to purge Walter George from the Senate in 1938—and Eurith D. Rivers, a strong New Dealer, sat in the governor's mansion in Atlanta. Federal money was pouring into the state and had made possible the addition of a number of new buildings on MCG's campus, as referenced before. The Rosenwald and other foundations were working to liberalize and loosen up the class and racist society in America that they found so reprehensible. So the Pund resolution should be viewed in the context of the times. Still it was a startling gesture and reflected how profoundly the Medical College of Georgia was changing during the 1930s.

The school also reflected a more modern attitude toward women during this period. Loree Florence had opened the doors for women who desired the M.D. from the College with her degree in 1926, but even prior to that a number of women had been awarded degrees from the school of public health.[52] The status of nurses and nursing was also coming under surveillance during this extraordinary period of the 1930s. No one was more aware of the developments than Eugene Murphey, who, as he said to a convention of the Georgia State Nurses Association meeting in Augusta about 1930, had been watching nurses all of his life! Quite seriously, though, he outlined how the nurse's status, and what was expected from her, had changed from the 1850s to the 1890s. "When we began to staff Southern hospitals with trained nurses, in accordance with developing professional appreciation of their necessity," most of the uninformed thought "that women's place was either in the home, or in the graveyard." Furthermore, "The less she knew about her own insides, or those of other people the more nearly she approximated that now quaint and forgotten ideal—the perfect lady." The changes in nurses' training had altered just as had the regimen for the medical student. In the old days the medical student had his preceptor to turn to for advice; the nurse had "the attending staff." Although society may "in the past [have] graduated too many doctors at the cultural level of the chiropractor, and too many nurses at the level of a child-governess," the new teaching hospitals and the proliferation of staff had injected an unfortunate impersonal note in the entire process. In spite of the end product being better trained than ever, the warm ties that had existed in the past between the nursing staff and other staff members had been "attenuated" dramatically. Murphey warned that the invaluable personal connection was being lost.[53]

In one field MCG led briefly in relation to women and medicine. In June 1938 Cecilia Charlotte Asper Mettler, A.M. and Ph.D. from Cornell, wife to anatomy professor Fred Mettler, wrote the MCG executive committee "offering gratis her services as Instructor in Medical History" with only an "allowance for research and publication in this field." The request was favorably received by the faculty. Mettler's offerings were apparently so successful that by the following year she was put up for promotion from instructor to assistant professor of the history of medicine.[54] She wrote a number of useful and scholarly articles relating to medical history in general, and to faculty members at MCG in particular,

but the more she poured over her notes the more she concluded that the history of medicine, even on the local level, was a very sophisticated and useful subject. She developed a program at the College in which her lectures "were different for each of the four years of medicine and specifically designed to cover the subjects currently taught."[55] She was also a firm believer in the notion that the history of medicine should be offered and written by a person trained in history, and not medicine. When placed on the faculty as an assistant professor, MCG singled her out as "one of the first full-time professors of the history of medicine in America and the first woman to be appointed to such a teaching position." Unfortunately, both Mettlers left MCG for Columbia University in 1941, where Cecilia's life was tragically cut short in 1943 from complications attendant upon childbirth.[56] But the College, which had dragged its feet in permitting women to attend its classes in days gone by, had outdone itself in this innovative approach to the history of medicine. Unfortunately no specific successor to Mettler was designated, and the opportunity to develop a leadership position by creating a department or subdepartment of the history of medicine and public health in the South was irrevocably lost.

It was in 1934 that the Dugas Club was founded in order to give faculty members an opportunity to show off their research to colleagues and to the community. It was also to provide a modicum of social contact among the faculty and to help, in that way, to improve morale. William F. Hamilton was its initial president, and—most appropriately—at the group's first meeting James M. Hull reminisced of his "associations with Dr. Dugas."[57]

Hull, in fact, presented something of a problem to Kelly and the faculty. At age seventy-six his best days of teaching were obviously behind him, but he made no move to resign his position in ophthalmology. The executive committee, however, recommended his appointment as emeritus professor in 1935, with seventy being set henceforth as cutoff date for active service for members of the faculty."[58] And thus Hull was listed as emeritus in the 1935–36 catalogue. After fifty-four years on the faculty, the last active Dugas student had retired. Dugas's half-century of service to the school, when added to Hull's, meant over a century of good service from just two men; Hull's retirement saw this connection with the original Medical College broken. It was a moment to give the students,

the staff, and the faculty pause. (Hull did not long survive his retirement, dying 13 April 1936.[59])

Eliot Clark returned to campus in 1935 to speak before the Dugas Club, and the ever-present Zapffe and Wykoff of the AAMC were hosted for supper by the organization in 1937. The meeting place was the Alumni Tavern, decorated and trimmed in Old English style. This useful room had been put into the basement of the Newton building when many of the facilities once centered there had found better locations. In 1938 George Traylor, professor of clinical surgery and also president of the Medical Association of Georgia that year, gave a paper on state medicine—followed by a hot discussion on the pros and cons of same.[60]

Kelly was worried about the library. Although comprised of only fifteen thousand volumes or so, the space it occupied in the Newton building seemed totally inadequate, and Cutter, of the AMA's Council on Medical Education, had "repeatedly written about the necessity of improving" its layout and services. With a new building intended to house anatomy, the administration, and the library in the planning stages, the dean was hopeful. It was also thought expedient to ask the Rockefellers to see if they might help.[61]

The new emphasis upon research meant additional expenses for the faculty—if they were expected to attend professional meetings and present the results of their findings. After considerable discussion Fred Mettler moved, in 1939, and the motion carried, that "a maximum be fixed for each person of $3.00 a day and round trip daycoach fare." Pund added that five cents per mile should be adequate for private automobile traffic provided the sum was not more than "the train fare for the same number of passengers."[62] Although the funds that were made available were hardly generous, it should be borne in mind that the state was in the midst of a financial downturn at this time. It should also be pointed out that the school, with the encouragement of the dean, was changing from being an institution devoted overwhelmingly to teaching to one that showed a closer balance between classroom instruction and investigative research.

The conflict over the purposes of the College is well illustrated in a little episode that occurred in 1936. With the school fighting desperately to regain its membership in the AAMC, that particular organization suggested that gynecology be combined with obstetrics in one department.

Kelly was pleased to comply, but he apparently failed to do the kind of homework he should have with Joseph Akerman, a Johns Hopkins man who had been brought to MCG campus by Doughty in 1916 and who by 1936 was full professor of obstetrics. Without any warning, Akerman was informed that his department had been dissolved and combined with gynecology and that Richard Torpin of Chicago was being brought in to head the new area. It was not so much the fact of change, which Akerman recognized as necessary, especially because the recommendation came from "one of the standardizing committees," as how it was brought about and what it implied that upset him. Those in obstetrics had been called unproductive, but he was brought to the school with the idea that it was MCG's function "to prepare practitioners to meet the needs of Georgia." That was what he had done, and infant mortality in Richmond County, for example, had been reduced dramatically. He had constantly asked for—and never received—"personnel to supplement this with research activities," and his recommendation to hire Charles Mulherin as his assistant had been turned down by the dean as reflective of "a phobia of inbreeding." (He gently pointed out that the same formula would apply just as well to the current heads of pathology, anatomy, and pediatrics—Messrs. Pund, Kelly, and Burpee respectively.) To Akerman's mind, the College should never "be ashamed of results," and had in the past ample opportunities "to repent in sackcloth and ashes" for choosing "untried men," one of them his own assistant (who was "utterly hopeless" and who was hired without his knowledge and in preference to Mulherin). The dean was, in fact, forced to dismiss Emil B. Woods in 1936, and the entire affair left Akerman with a bad taste in his mouth. If the school wanted researchers and the products of the same, then it must be willing to pay the price for them. If, on the other hand, it wanted to emphasize teaching and service to the community and state, then the dean should acknowledge the wishes of his faculty. Above all, the administration, made up of the school's executive committee where five of the six men serving had their M.D.s from the Medical College of Georgia, looked ridiculous talking about the dangers of inbreeding. If you are "determined to discriminate against our own graduates," then the least you can do is to hire the new outsider on a temporary, trial basis instead of making another costly and embarrassing mistake.[63] Akerman's implied reference was only too clear.

The traumatic 1930s had seen the College stagger—but not quite fall.

Issues came to the surface that had never been faced before, and the scope of medical education continued to expand. Questions, such as the ones raised by Akerman, came to the fore involving issues that are still controversial in the 1980s. But the old MCG—the school of Dugas and Hull and even of Goodrich and Murphey—was either gone or well on its way. Only the mysterious future could disclose what was in store for Augusta's medical college.

Chapter 13

The Era of World War II

Change in the personnel and structure of the Medical College of Georgia was everywhere apparent, even before the decade of the 1940s was reached. In 1937 new departments were added, including neuropsychiatry under Hervey Cleckley, tuberculosis under Lucius Todd, and anesthesiology with Perry Volpitto. With Torpin in obstetrics, Henry M. Michel in orthopedics, Burpee in pediatrics, Frank Slaughter in neurosurgery, and Robert B. Greenblatt in endocrinology and gynecology, the school seemed ready to enter a period distinguished by a faculty of good teachers, who were also researchers of some significance.[1] At the same time, just as it seemed the College might be ready to return to the position of regional eminence it held prior to the Civil War, internal pressures in the state of Georgia, particularly in the form of restricted finances, meant that the school must continue to confine itself to Georgia students. In 1940, for example, the graduating class was composed entirely of Georgia natives.[2] The regents and the state officials had simply decreed that Georgians, who paid the taxes to keep the school going, should have first priority. Even so, no few applicants had to be rejected, causing pressure in both Augusta and Atlanta to increase the size of the student body. But it was pointed out that to do so would require additional staff and faculty positions, more clinical exposure, and so on. To admit additional students without taking the other factors into account might bring the delicate approval status once more into question, and nobody wanted *that* to happen.

The state also felt that the imbalance between physicians in the urban and rural areas of Georgia was alarming and unfair. In order to do something substantial about it, the legislators voted to offer financial aid up to

one thousand dollars for outstanding students in Georgia's fifty-four state senatorial districts—provided those receiving the aid would contract to practice for four years in a county where there were no physicians. Governor Talmadge, steeped in the agrarian traditions of the state and South and acutely aware of the problems besetting the rural districts, made additional appropriations to MCG in the summer of 1941. The unexpected income permitted the College to expand the size of the September incoming class and bring new professors, lab equipment, and clinical opportunities to the campus. The timing was perfect, coming as it did just before the outbreak of World War II with its sudden demand for additional physicians.[3]

The school's library, long neglected, came in for some attention at this time too. Janie Turner, who had headed this facility since 1932, had her task eased somewhat by a Rockefeller grant in 1941. The ten-thousand-dollar gift permitted the hiring of additional help. In 1942 Sadie Rainsford came to the school as assistant librarian and was immediately faced with the task of working with the 15,900 uncataloged volumes of the 16,000-book library. Rainsford succeeded to Turner's position in 1950 upon the former's death. She inherited a library of roughly 20,000 volumes, an antiquated system of circulating books, and a sagging floor at the Newton building. Even though new equipment, including walnut chairs and tables, were ordered and used, and although the reading room was transformed into something approaching efficiency of service and comfort, the problem of housing this crucial facility was not solved by a move in the 1950s into quarters at the new administration building. It was not until 1963, with its own building and an enlarged staff, that the MCG library was able to offer the full service that the faculty and students needed.[4]

Meanwhile, debate continued over qualification for entry to the school. The College's admissions committee worked diligently to have MCG conform to some sort of national norm in this regard, and declared in 1937 that findings from officials of the AAMC showed that students with "a broad liberal preparation are better qualified to study medicine than those with a narrow foundation." Hence student advisers should be recommended to discourage premedical students from enrolling in courses that would be repeated at MCG—such as biochemistry, histology, bacteriology, and physiology. Instead, emphasis should be upon the broad picture from areas such as biology, chemistry, physics, math, liter-

ature, languages, and "the Humanities in general."[5] If such notions were actually geared to the reality of the average Georgia applicant is hard to say, but at least thirty-four of the forty-eight students accepted for 1938 planned "to have their degrees prior to admission" to MCG. The remaining fourteen had "three or four years of premedical work."[6]

But the school was apparently developing an arrogant attitude toward the applicants who were turned down, prompting a slap-on-the-wrist letter from Chancellor Sanford to Kelly in fall 1938. "No institution can prosper . . . unless it is held in affection and esteem by the people," and no school can afford to make enemies the way MCG had done—especially in its rejection of applications. There are ways of saying "no," Sanford counseled his dean. The College was guilty of acting offensively; some faculty members seemed to have developed the idea that the school belonged to them, as in the old days, and not to the state. Kelly was told most emphatically to "make a thorough investigation," and to befriend the AMA and follow its standards "in letter and in spirit." The school's attitude was all wrong and must be changed because "the grievances are growing." Repair or remove the "broken cogs" in the organization: "It is your duty to find out where they are."[7] The specific problems to which Sanford made reference must have been cleared to his satisfaction, for the two men worked together closely on the knotty question of admission during the 1940s.

Flirtations with both the future and past in relation to College policy surfaced in 1939 and 1940. In the former year Fred Mettler "submitted a protocol" relating to the possibility of MCG granting the M.A. and Ph.D. degrees. Sanford endorsed the idea, but its ultimate fruition came much later. In 1940 Joseph Krafka introduced a motion recommending "that all premedical students have two years of Latin in college and two years of Greek in college, effective in 1944." Cleckley seconded. Considerable discussion followed, after which the motion was tabled.[8] The idea of classical training being the best preparation for the professions persisted, but any notion that it might be required was overwhelmed by World War II, its consequent GI Bill, standardized admissions tests that placed emphases elsewhere, and by a flood of social and economic pressures following 1945. Gene Talmadge showed considerable pride in building up the budget of the medical school, but he too was worried about admissions. Responding to a young man in 1941 who had asked him about the state's setting aside money for "future doctors," Talmadge

said Georgia was "spending about a hundred thousand dollars in enlarging the medical college at Augusta, so as to take care of more students. We have had each year about twice as many applications as we had places," so that the school had been able to turn out only about half the number of physicians for which it had potential—and for which the state had need.[9]

The postgraduate course for Negro physicians, in reality hardly more than a few days' worth of seminars and set papers, was repeated in 1941 when the black dental and nursing associations joined with the physicians at the exhibits and assemblies held in the Dugas Building. For 1941 a real "innovation" was having "Negro physicians and dentists on the program" instead of simply in the audience.[10] Although it appears that the postgraduate offering was discontinued for a few years, perhaps because of the climate of opinion engendered by Talmadge in his anti-Negro political campaigns, the session reappeared during the war in 1944, set "between terms in June."[11]

Although the clouds of war lowered over the United States in late 1941, the news of battle and defeat had to compete with the controversy that surfaced in relation to the University System of Georgia. Talmadge, elected to the governorship for a third time, concluded that men within the System were working to bring about racial integration in the state's schools. Convinced that he had isolated the guilty parties, he insisted that the board of regents dismiss Dean Walter Cocking of the University's College of Education and Marvin Pittman, president of Georgia Teachers College in Statesboro. When the regents and University President Harmon Caldwell balked, Talmadge replaced three of the regents who had opposed him; the new board voted to do the governor's bidding. A regular witch-hunt for liberal professors and books in which such ideas were contained followed, the upshot being the removal of accreditation from ten colleges in the University System by the Southern Association of Colleges and Secondary Schools.[12] Although the Medical College was not immediately affected by this particular decision, Kelly feared the impact the unfavorable publicity and the loss of accreditation would have on the AAMC and the Council on Medical Education and Hospitals. The governor thought Kelly's worries unfounded. As he put it, "Most of these accrediting associations are rackets of the first order, organized by such men as Cocking and Pittman." To Talmadge, it made no difference what the agencies did to MCG if Georgia were singled out. The state already

already had a law on the statute books denying "comity" to physicians of any state that discriminated against Georgia because of its actions against Cocking and Pittman.[13]

The dean's worst nightmares were realized at a joint February 16–17 meeting of the AAMC and the Council when the approved status was once again snatched from MCG. The main problem, predictably, was not the flaws found in the program at the College—and there were enough of those simply in the outpatient department; action was taken by the Council primarily to indicate the distaste of the profession at the political manipulation of all of Georgia's public higher education by the governor.[14]

The dean had high hopes that the suspension would be only temporary in nature, as he felt the situation was bound to be clarified soon. Again Kelly was right. Talmadge, usually so politically astute, had made a major blunder by bringing discredit to the diplomas of the University System. In the summer of 1942 Ellis Gibbs Arnall, who vowed to restore the good standing of the University and the System, swamped Talmadge in the Democratic primary and went on, when he was inaugurated as governor, to reorganize the board of regents. He staggered the terms of its members and removed the governor from the board, thereby giving the regents an independence they had never before enjoyed.[15] In recognition of his work, the Southern Association—as well as the medical accrediting agencies—restored the University and the Medical College to their old status.

Other than for the political and educational principles involved, the accreditation crisis of 1942 passed quickly from the public mind. The nation was at war—and a brutal, bloody, all-out conflict it was to be. As a local observer put it: "The ridiculous little man in the brown shirt had grown to be a cruel and tyrannous giant. The world was aflame with war."[16] Following the Japanese attack on Pearl Harbor in December 1941, the country joined the Allied nations in their effort to defeat the Axis powers. The American economy geared itself for the hostilities; the nation's industry and manpower were mobilized. Just as during World War I, the medical profession heeded the call to service and the necessity to treat the wounded and dying. But because the conflict involved millions of armed men, the country suddenly found itself short of physicians. In the past it had been assumed by the AMA that to limit the number of physicians degreed each year was desirable. Suddenly Amer-

ica felt this shortage acutely, and the medical schools were taxed to the utmost to turn out as many M.D.s as possible, commensurate with high standards. In effect what happened was a takeover of many of the medical schools by the government.

The Medical College of Georgia fell in this category. The school awoke one morning to find itself dominated by elements of the Army and Navy that established themselves in the Newton building on the campus. The Navy set up its vaunted V-12 Program, and the Army—which predominated at MCG—established its Army Specialized Training Program (ASTP). Eligible students were enlisted in these programs as privates or as seamen, took an accelerated course that resulted in a degree after three years, were commissioned upon graduation—but were put on inactive status until their internships were completed. While at the school they were more under the aegis of their military superiors than under the civilian administration of the College. Their tuition, fees, books expenses, and incidentals were all paid by the government, which also granted each student in the program a salary as well. In a final breakdown of student enrollment during the war years, there were far more military matriculants than civilian. Many of the faculty had, of course, left for the war zones, but those who remained in their posts chafed under the military bridle. Kelly particularly seemed to resent the authority of the Army and Navy; he felt that he was never kept fully informed as to the selection criteria used by the armed forces. Edgar Pund, pathology, was disturbed by the various selective service directives as they related to deferments for medical students; Peter B. Wright, of clinical orthopedic surgery, deplored the impact "the military environment and military pay [had] upon the scholastic morale of the student body."[17] Even Sanford and Governor Arnall, in writing constituents who were anxious to have their sons enter MCG, reported that "the medical colleges of this country now belong to the armed forces," and "governmental officials have very little influence with them."[18]

In spite of the difficulties encountered, it was a time of high seriousness and dedication at the Augusta institution. Static state appropriations, though, meant that war or no war, the College lost four faculty in 1944 because of low salaries, three of the vacancies occurring in gross anatomy. Reflecting wartime inflation, hospital rates soared to $4.50 per day, meaning a reduction in the number of beds available for clinical use under the State Aid Program. Hervey Cleckley in neuropsychiatry men-

tioned the "urgent need" for additional volumes in the library, and Krafka deplored "the large number of books" that had vanished, as well as student "misbehavior" in that facility. Increased allocations from the state were badly needed to offset such developments.[19] In some ways, however, student lore about the faculty continued strong. Sydenstricker was apparently going his rounds one day during the war and asked a last-semester student for a stethoscope. Upon looking into the student's bag the indignant professor found a pint of whiskey, a golf ball or two, and a few tees. Tradition has it that the offender was expelled on the spot and sent forthwith to the war front.[20]

Whether he liked the military presence or not, Kelly knew that it injected money into the institution, and he feared what the consequences would be to the College when the war ended. He tried to plan for that exigency by alerting Sanford and the regents to the economic realities that would be facing the state in the field of medical education when hostilities ceased. The school stood to lose much income when "the resident tuition rate" was reestablished, so MCG would have to depend on the good offices of the chancellor to make up for declining revenues.[21] At the same time Kelly was pushing the idea of a state hospital constructed by public funds on MCG's campus, and he also hoped to convince the Atlanta legislators that his College desperately needed a new building to house the burgeoning administration at the school. As was so often the case with Kelly, he had judged the tenor of the times perfectly; the Medical College of Georgia was to get, in the postwar years, all that it asked for—and more.

Throughout the 1930s and 1940s the relationship of University Hospital to the College continued to strain the associations between the city and its medical school. At issue were the allied questions of policy formulation, appointment procedures, control of discipline, and authority to hire and fire. Ancillary questions related to the privileges of physicians and/or professors to use the hospital's facilities, who paid what bills, control of the nursing programs, and other issues that, although not seeming to be of major importance, still added controversy to the entire relationship. As the 1940s merged into the next decade, it became apparent that the ill will and animosity that had accumulated over the question of who really ran University Hospital could be solved only by the construction of a state hospital on the campus of the Medical College.

Following Carlisle Lentz's resignation to head the University of Virginia's hospital in Charlottesville, the administration of the Augusta facility went rapidly downhill. Deficits mounted during the Depression and the city council, faced with declining revenue, cut back services and reorganized the hospital's internal structure. However, it was all to no avail. During the accreditation winter of 1933–34, the regents, aware that one of the strictures against MCG dealt with the fact that the school did not actually control its own teaching hospital, agreed to reincorporate the school within the University System only if the hospital could be run as a unit of the Medical College. Accordingly, a city ordinance recognized the dean of MCG as the ex officio director of University Hospital with the superintendent responsible to him for management. In turn the dean, through the hospital's board of trustees, was answerable to the council. This somewhat convoluted arrangement worked fairly well, but minor irritations piled one upon the other.

In 1938 the city once again reorganized the administrative arrangement at University and named former dean Goodrich superintendent the following year. Just before the outbreak of war in 1941, significant state appropriations made it possible for University to increase its clinical facilities, but it also made Kelly dream of the prospect—a hope he had long shared with Chancellor Sanford—of a state hospital located on the College campus that would be completely under the control of the school.

Contention seemed to be put aside during the wartime years, but the guns were hardly stilled on the battlefields before skirmishing broke out in Augusta over policy decisions at University, relating at first to hiring and firing. The longer the struggle went on the bitterer it became, and the more enmeshed in local politics. In 1945 Goodrich, who found himself no longer being consulted on important procedural and policy matters, resigned. His resignation had, in fact, been preceded by those of a number of individuals in essential staff positions. The end result was paralysis at the Hospital, crisis in city hall, and deep-set indignation at the Medical College. The faculty and staff feared that should University Hospital lose its approved status, the College would be the next to suffer.

Kelly, who had appealed to the regents in 1944 to rethink their contractual relationship with the city, reached the conclusion that the entire

administrative structure at University Hospital had to be overhauled. Essentially this meant defeating the local Cracker Party, which wielded political control over city hall as well as the hospital. Concurrently Augusta's political leaders concluded that Kelly must be replaced as dean. Although Chancellor Sanford and Marion Smith, chairman of the board of regents, attempted to restrain Kelly's rhetoric, they stood behind him when the going got roughest. Kelly also found ready allies in local stalwarts such as Guy Merry, Berry Fleming, Joseph B. Cumming, and others who were not only anxious to see political change in Augusta, but were also fearful that the mixture of politics and inefficiency at University Hospital might result in the school being moved to Atlanta or Athens.

A clear indication that Kelly and his allies had won this particular war was seen in the statement of Marion Smith to the press in August 1945. The regents, Smith said flatly, had no intention of running a hospital; therefore, Augusta must support one properly if the city wanted to keep MCG. The management at University was palpably bad; it was time for Augusta to face the question if it were "capable of remedying the situation or not." Although to move the school would be "a calamity," Smith thought it only fair to issue "one word of warning." The board could not run an accredited school without an accredited hospital. It was his responsibility to "protect" the College, and the board would do what it must. The next move was up to Augusta.[22]

With University Hospital all but paralyzed, the local hospital authority asked the board of regents to name a representative who would sit with them. Smith designated Kelly. Merry, at roughly the same time, was also put on the authority, and in the following spring the Independent League for Good Government swept the political slate clean. Even Roy Harris, whose eye had been fixed upon the governor's chair, was defeated soundly by newspaperman William S. Morris. Although Kelly had campaigned openly against Harris and his allies, not even Harris's plaintive letter to Smith stating that the dean's machinations "will eventually destroy the Medical School" could move the regents from their support of the dean.[23] But even before the vote Kelly discussed "tentative plans for a new State Hospital" with his faculty.[24] The stark necessity of having a hospital associated with the College and under its supervision had been underscored during the political maneuverings of 1945–46.

Before such a reality was possible, the regents awarded a grant of

approximately $120,000 to University Hospital in 1948 so the hospital and school could extend their services more broadly into the state. Kelly wanted the health officers out in the rural counties to become accustomed to referring "interesting cases" to the Augusta facility, but in the spring of the same year University Hospital was stricken from the approved list as a result of an inspection by the American College of Surgeons. Although Augusta voted a bond issue that fall to correct the deficiencies noted, the withdrawal of approval was not lost upon the regents and the Assembly. With the legislators pushing the situation, Hughes Spalding, in the chairmanship of the board of regents once more, gave his general assent to the creation of a state hospital authority that would be empowered to issue revenue certificates to be used in financing construction of this long-sought facility.[25]

During the summer of 1949 an outside report commissioned by the state and written by George Strayer and several others was being prepared. It recommended a series of reforms and postures for the regents to take in relation to the Medical College. MCG should assume control of the schools of nursing that were being run by University Hospital and the city; a new administration building was desperately needed (after which the Newton building could be renovated for other purposes); and a hospital to be controlled by the College should be built by the state as soon as possible. These recommendations came as no particular surprise, but perhaps the most important point that Strayer's *Report* made bore on the school's relationship to the University. It was the considered opinion of the men who studied the situation that the Medical College be divorced completely from the University in Athens and be accorded its own distinct existence.[26] This bold idea met with the approval of the officials in Athens, Augusta, and Atlanta. In January 1950 the Medical College of Georgia was officially separated from the University of Georgia and was cast upon the academic seas to sail under its own power. Its old name, which had always persisted locally and with the alumni, was reclaimed, and Dean Kelly, who had been the local person most responsible for all these developments, became President G. Lombard Kelly. No one deserved the title more.

Talking about having its own hospital was one thing; bringing the wish to reality was quite another. No one knew this better than Kelly. His keen awareness of the ramifications of all these decisions was apparent at least

as early as 1947 when he wrote Regent William S. Morris asking him to read a list of recommendations that Kelly wanted considered by the whole board. A Georgia hospital authority should be created and be given the business control of all state hospitals, but medical and surgical supervision should be vested in the Medical College. Funds should also be made available to provide these hospitals with physicians, also to be drawn from MCG. In addition to the construction of the general hospital on MCG campus, Kelly felt that the entire graduating class should be required to do a one-year "rotating internship" in the state hospitals before the M.D. was actually conferred. He knew that his recommendations were "revolutionary," but he made them with the assurance that they were best for the evolution of good medical education and care.[27] What, in effect, Kelly's recommendations would have done, if followed to the letter, would have been to staff the various county hospitals, which were built somewhat later under the Hill-Burton Act, with nurses and physicians from MCG.[28]

Developments in the field of medical education came thick and fast in the postwar years—so fast, in fact, that it is impossible to cite all of the changes in a general history of this type. But reference should be made to the creation of a department of art as applied to medicine in 1948–49 under Jack Wilson, with Mary Hallinan as secretary and assistant. Also, in 1948, University Hospital—utilizing money from the state, the American Cancer Society, and patients' fees—opened its cancer clinic owing, in good part, to the efforts of Guy T. Bernard. At about the same time a department of oncology was set up at MCG and was headed by Hoke Wammock, MCG graduate and formerly chief of staff at Jeanes' Hospital, Philadelphia.[29] But it was the dream of the new hospital that dominated talk on the campus.

One of the surprises of the late 1940s and early 1950s was the stand taken by Governor Herman Talmadge, Gene's son, on the question of support for public education. Although it was not particularly startling for a Georgia politician to declare that he was in favor of public education, Talmadge did considerably more. He supported a sales tax whose proceeds would go to the school system, and he was instrumental, at Roy Harris's urging, in creating the Minimum Foundation, which had as its aim upgrading all levels of education in the state. When he campaigned for a full term in 1950 he expressed a positive program that incorporated

into it the hospital Kelly had recommended for virtually twenty years.[30] His victory in the primary and subsequent election reflected not just the fact that he was his father's son, but that Herman Talmadge had arrived in his own right. That the legislature would do his bidding went without question.

In September 1950 Talmadge appointed a committee to make recommendations for the new hospital facility. Kelly, Sydenstricker, and Peter B. Wright represented the College faculty on the committee, but there were also representatives from the State Board of Public Health, the president of the Medical Association of Georgia, and Rufus F. Payne, then superintendent of Battey State Tuberculosis Hospital in Rome and close associate of Kelly. It was Payne and James Sitton, a hospital construction specialist, who were largely responsible for getting the initial drawings off the board. The recommendation that came from this committee was for a $12 million structure—about twice the figure that Talmadge and his supporters had originally thought adequate. The governor wanted the classes at MCG enlarged and was taken aback by the expanded figure for the new hospital, but he soon "fell in with the idea" of the more ambitious plans. Kelly later recollected that he had a hard time explaining to Talmadge why, with such a large additional outlay of money, the freshman class could be increased by only twenty-five students.[31] The governor accepted the report of the committee and the Assembly gave its approval by February 1951.[32]

What the authorization did, simply, was to empower the hospital authority to issue revenue certificates to be bought by investors who received a return as interest on the use of their capital. The procedure had been followed before in the construction of dormitories in Athens and for improvements at the State Hospital in Milledgeville.[33] That July the State Board of Public Health looked over the plans for the new structure and approved the drawing of the last set of blueprints. Although the final estimated cost had risen to $14 million, the board, with the knowledge of the Talmadge forces, gave the green light, thereby leaving the final step before actual construction up to the hospital authority. The Assembly expressed the sentiment that the hospital should be named for Governor Eugene Talmadge, who had given the school a boost during his administration back in the early 1940s, and such was done.[34] Planning proceeded apace, the bonds were issued, and the city and College anxiously

awaited the laying of the cornerstone. Even old Abraham Flexner, who had written finis to MCG forty years before, "expressed great delight and the hope that the State will finance the Center adequately."[35] There was an initial feeling that the State Department of Public Health, which built the Talmadge Hospital, should also be responsible for "its operation," but it was turned over to the board of regents upon its completion in 1956.[36]

On 2 February 1954 the cornerstone of the Eugene Talmadge Memorial Hospital (ETMH) was laid, with Governor Marvin Griffin giving the principal address of the many delivered that day. With MCG by that time offering the master's degree and with the School of Nursing, which had been organized in Athens and then moved to Augusta in 1956 to coincide with the opening of the new hospital, the campus seemed well on the way to becoming a true medical center.[37]

Having put all these trends in motion, G. Lombard Kelly resigned his position effective 1 July 1953. He had devoted all of his energies to the school during the twenty years previous, and his industry and diligence paid handsome dividends for MCG. He found it discredited, disorganized, and spiritless; he left it riding a wave of optimism, expanding, and self-confident. In 1934 the school was "flailing in all directions"; by 1954, it exuded purpose and hope. In his research on human sexuality he was ahead of his time; in his teaching and with his administrative procedures he left behind a legacy of "very high standards."[38]

A little more than a year before Kelly's resignation a man very different from him, but as devoted to the Medical College in his own way—Eugene Murphey—died at his home on Telfair Street. A man of many interests, Murphey was an accomplished amateur ornithologist, a talented poet, and a superb conversationalist. The *Augusta Herald* dubbed him "The Autocrat of the Cocktail Hour" because so many gathered around him at social events just to hear him talk. In "an era when mechanical diagnostic aids were offering increasingly tempting 'short cuts' to medical students, he was firm in his insistence on the use of the eyes and ears and fingers."[39]

Although they could hardly have been more different in their interests and orientations, and although Murphey was of another generation than Kelly, the two were alike in that they symbolized much that was good about the Medical College of Georgia in the first half of the twentieth century. They were men of strong individuality, considerable self-right-

eousness, and fierce institutional loyalties to their alma mater. Their passing from the scene marked the end of one era just as certainly as the shining light-faced Ohio and Pennsylvania brick that embellished the facade of the Talmadge Hospital presaged the beginning of a new one for the Medical College of Georgia.

Chapter 14

Edgar Pund and the 1950s

Pathology's Edgar Pund succeeded Kelly as the second president of MCG in July 1953. That fall an official celebration and investiture was held at the old Medical College with Chancellor and Mrs. Harmon Caldwell as special guests. The talk was of the future, what with a new president and a new hospital as well, and the mood was both ebullient and cordial. The modest Pund was praised almost as though he was retiring from instead of starting out on his presidency and, consistent with his feelings when he handed over the reins of authority five years later, he may have found it "embarrassing to stand before" the crowds and speak or be spoken to in such a fashion.[1] Still, Pund was strong; Kelly was correct in thinking that he would be able to see the construction of the new hospital through to the end and also preside over its official opening.

Pund probably realized that his was going to be no easy task. For that reason he wanted to have a reliable younger man at his right who could take some of the administrative and executive load. His request that Harry B. O'Rear be made dean of faculties was honored by the regents. Somewhat earlier the decisive and experienced Rufus T. Payne, who had been cognizant of Kelly's plans for a hospital even before they got on the drawing board, was placed in the position of dean of clinical instruction. His particular area of responsibility was to be setting up Talmadge Hospital and its programs and seeing to their proper administration. Payne's hand was much in evidence throughout the period of construction at Talmadge, and he remained a major force there until his retirement in 1971.[2]

Construction seemed to be going on everywhere. Additions were being

made to the Dugas and Murphey buildings, and plans were being completed that were to lead to the erection of a new home for the mushrooming administration. These improvements were not, however, without their melancholy side, for in this rush for expansion and state monies the renovation of the venerable Newton building was being pushed further down the list of priorities. Newton was, in fact, fated to meet the same doom that greeted so many of Georgia's distinguished Victorian college buildings in the 1950s and 1960s. The feeling seemed to be that the straightforward lines of glass and steel were more appropriate for a school looking to the future instead of to the past. Even so, the Medical College of Georgia lost a bit of its soul when the wrecker's ball did its work where so many of MCG's distinguished alumni had been trained. Alfred Blalock, addressing the graduates in 1953, put his finger on the issue. Although he was talking about the evolving medical center complex planned by the school, what he said had relevance to the value of the built environment as well. "Size and quantity have always been quick to impress us in this country but it has been adequately demonstrated that such qualities alone are not sufficient."[3] That fall the school prepared to welcome an incoming class of one hundred.

Almost as soon as the skeletal form of the Talmadge Hospital began to take shape, differing opinions as to its purposes and operations began to surface. Reference has already been made to the change in responsibility for administration from the State Board of Health to the regents—a change Pund addressed at length in a June 1954 meeting of the faculty when he took up Payne's recommendations for procedures at Talmadge. With the regents now ultimately in command, the faculty could not charge for services rendered at the facility. Although it would still be possible to have a visiting or part-time faculty who could hold clinics and so on, these doctors would not be able to have private patients at the hospital and no individual practice was to be allowed. Patients were to be sent there only by their physicians and/or clinics, and were to be referred to the facility itself and not to any particular member of staff. Pund and Payne envisioned some indigent, part-pay, and full-pay patients, the latter more than likely to be sent to Talmadge because it offered a service that was nowhere else available in the section. There might even be a few out-of-state patients, he cautioned, but Pund went out of his way to assure any physician who might be concerned that the College had no intention of encroaching on private practice.

The president and administrator projected a salary scale for the medical staff and devoted considerable attention at a later faculty meeting to the problem of "the underpaid preclinical faculty" and how they might be incorporated usefully into the whole picture.[4] However, full-time status was to be the key to further associations with the College—that was clear. If a physician did not opt for full-time status, he could have an office in the Newton building—but he must pay for it; he could also have all the practice he wanted at Talmadge—but he could not profit financially from it. Essentially the hospital was to be a closed one.

In Payne's opinion it was the possibility of developing a program for the entire state that was the most important thing about the hospital. With initiation of an effective residency program MCG could be tied in with the other hospitals and centers throughout the state. The same held true for other hospital staff, such as dieticians, nurses, and technicians, as well as for physicians. People from any Georgia county could be treated at Talmadge—if referred by a physician or a proper agency. Payne also envisioned extension programs for "the medically indigent" who, for one reason or another, could not secure admission to the hospital. Only a "small area" was set aside for outpatient care as it was "assumed" that most of those sent to Talmadge would formally be admitted.[5] Presumably most of the outpatient activity was still to be carried out at the Antony Wing of the University Hospital.[6]

Other problems as to the physical plant arose. The hospital was designed with the assumption that it would be served by other than a full-time faculty; the decision to resort to a strict full-time faculty came several years after the hospital was effectively laid out.[7] That this change posed problems is attested to by the fact that no little space had to be taken out of patient use and be redesigned for offices, research facilities, and teaching areas for the full-time faculty. The upshot was that by 1970 the average daily "census" of Talmadge showed a head count of only 288—just 75 percent "of the approved patient experience required for medical students." At that point an agreement was reached with the new University Hospital, which opened in December 1970, whereby juniors and seniors at MCG could get appropriate clinical exposure. MCG provided University, run by the Richmond County Hospital Authority, with "interns and residents to treat staff patients and to staff the emergency and outpatient clinic."[8] University benefited significantly from this arrangement, but the relationship, of course, worked both ways. Relations

between the locally owned facility and the College, not always cordial, improved materially in the late 1970s and 1980s.

But the questions associated with physical layout, patient experience, and the like pale beside the controversy that erupted over the question of access to Talmadge and the corollary issue of corporate practice. The fight dragged on for several years, but it would serve no useful purpose to go into a blow-by-blow account of this particularly knotty problem. On the other hand, no student of the school's past can get a proper picture of its present without a working knowledge of some of the conflicts involved and some of the tempers inflamed.

In order to bring the College in line with the new thinking, the staff was reorganized and streamlined by 1 July 1955. Part-time faculty had been asked to go full-time and accept a salary or legally disassociate themselves from the school. Only a few had availed themselves of the former opportunity. In March 1955 Pund sent another letter to those who had "not agreed to go on a full-time basis." Pund's letter, in part, stated quite bluntly: "Your position . . . will therefore be automatically abolished as of July 1, 1955." The full-time staff would have offices in the new hospital or nearby, and would have secretarial help; the part-time faculty and the "courtesy faculty" would have no offices in the hospital or the College for private practice, nor would they have secretarial or technical aid of any sort.[9]

Even prior to Pund's rather abrupt letter the Richmond County Medical Society had expressed its indignation at what was transpiring at the College. Although many of the local physicians supported Payne's and Pund's points of view, a vocal minority in the Society denounced the school for engaging in socialized medicine—or in corporate medicine. To their way of thinking it was unjust and immoral for salaried physicians using facilities paid for and supplied gratis by the state to charge fees from any patients referred to them who could afford to pay. Payne's response that these fees were all channeled into a research foundation and were, therefore, not competitive with local physicians mollified some—but not all—of those who raised the questions. The officials of the College stressed too that it was not the school or the hospital that made the charges and collected the fees, but the individual physicians themselves. They were representing only themselves—not a corporation or an institution—so there was no question of corporate practice.

There was also conflict brewing as to the definition of staff at Tal-

madge. College officials maintained that staff should be construed as meaning full- or part-time faculty at MCG only. Patients, then, would be referred to this grouping as "staff," and would be released to their own doctors when discharged from the hospital. The regents emphasized that ETMH was meant primarily for those patients who were unable to afford the services, but that citizens who had the money should be given the opportunity to pay. Although the State Board of Public Health apparently agreed to this procedure, the local society did not, and it had its way with the Medical Association of Georgia. To this group, just as to the non-facultied Richmond County physicians, the board of regents had put the Medical College and its hospital in the business of practicing medicine. The AMA was appealed to and bent a friendly ear to the Richmond County contingent.

Payne, Pund, and the board of regents stood firm. They were joined in their stand by an incredulous Roy Harris, who stormed that the crisis was manipulated by a handful of men in the local society who wanted to use the state's facility to enrich themselves—but who were mad when they were forced to choose between private practice or a salaried full-time position at MCG. In short, they wanted to have their cake and eat it too. Additionally it may well be, as Payne contended, that the local physicians were annoyed at being excluded from the faculty because to have such a listing meant status.[10]

In the midst of the excitement, the Eugene Talmadge Memorial Hospital—so long but a vision in the minds of Kelly, Sydenstricker, Pund, Peter B. Wright, Harris, and Payne—was formally dedicated in March 1956. Marvin Griffin, whose exertions in the field of higher education brought the University of Georgia its science center during this same period, officially presented the hospital to the Medical College, and it was received by President Pund. Herman Talmadge spoke then, as he did later, in defense of the concept of its use as articulated by the school's officials. As he saw it the new hospital would augment—not threaten or detract from—other such centers in Georgia. Indeed, Talmadge seemed to throw the gauntlet back in the face of the carpers by calling the new facility "Georgia's answer to socialized medicine."[11]

But the fight continued even as the first patients were admitted in June. In the following month the board of regents broached the possibility of a compromise—only to have its overtures rejected. The spring of 1957 found the Richmond County Medical Society divided on the

issue of continuing to push its point,[12] and it seemed obvious that both sides were tired of the issue. An official of the AAMC, in fact, commended the College, the regents, and Chancellor Caldwell on their restrained behavior in "this time of turmoil," and assured the school that the matter "would clarify itself." Pund was confident that the school and the regents, who were investigating the charges of the RCMS in June 1957, would have their interpretation of corporate practice upheld.[13]

A number of the physicians on the faculty, including William H. Moretz (who had joined the school as professor of surgery in 1955), had their application for membership in the Richmond County Medical Society tabled because some members accused them of engaging in corporate practice of medicine. The six physicians decided on an appeal to the judicial council of the AMA. Before a decision could be rendered, Caldwell, who accompanied Pund to the meeting of the council in Chicago in September 1957, wrote his opinion of the situation, to be used as "Exhibit C" at the hearing. The intention of the regents all along had been to secure "a full-time salaried faculty" to teach and research—one that should not be "dependent upon professional fees." The regents could have dictated a policy of no fees in their hospital, but they thought that such a decision might have an impact on the Augusta practitioners. So the board determined that it was probably wisest to secure a payment from those who could afford it, Caldwell wrote, "commensurate with charges" made locally. Legal technicalities had dictated that the regents retain control of the hospital, but it was the individual physician who charged the fees and not the board. The state's attorney general had rendered an opinion that such charges did not mean corporate practice, but still there were complaints. State officials had hoped in vain that the physicians could work it out among themselves, so the question was once again referred to the attorney general. His opinion was that the "original technical objection as to the use of public property for private gain" could be cleared up by drawing contracts with the faculty members, thereby disassociating the board of regents completely from the research fund. Such was done; the fees were wholly in the hands of the faculty and not one cent went to the board, the hospital, or into MCG's budget.[14]

The appeal of the six physicians took the form of a letter to the judicial council of the AMA responding to certain answers made by the Richmond and Georgia medical groups to questions put earlier to them. The local and state societies were wrong in every instance, it was maintained,

for these reasons: the attorney general had ruled that corporate medicine was not involved; the ethical accusation was irrelevant because the College did not charge fees—nor did the hospital nor the board of regents; and the notions that the research fund was used for ulterior motives "are, to use a mild expression, utterly false." The doctors could no longer hide their indignation—not one penny went to the corporation. All of the grounds for discriminating against the MCG professors were fabricated. If the truth be known, the six said, "the real complaint is competition," and in order to make their point they said it twice! The charges were simply "a subterfuge." The desideratum for the Medical College was described as follows: "a faculty free to teach and conduct research without being financially dependent upon pay patients," and the board of regents had expressed policies to bring that end about.[15]

Finally, over two years after the dedication of the hospital and roughly three-and-one-half years after the controversy began, a solution was reached by an arbitration board made up of members of the AAMC and the AMA. What the board recommended was a semantic distinction saying that a faculty member " 'may' put fees collected for certain professional services into a special research fund rather than 'must' as in the present policy," thereby eliminating the charge of "corporate practice" that had seemed to some to oblige staff to engage in a form of state medicine. At the same time about twenty physicians on Talmadge's staff were accepted into the forgiving arms of the Richmond County Medical Society.[16]

The entire affair strikes the disinterested observer as rather a tempest in a teapot. But the group that spoke up so loudly for what it thought to be a glaring inconsistency in College and state policy felt it had a legitimate grievance. Although a way out of the maze seemed obvious and desirable, the entire incident was blown out of proportion and engaged the time and energy of people whose thoughts might more profitably have been dwelling upon other things. In a way the affair reflected the difficulty of blazing new trails in little-known country. It also reflected a bit of the community resentment and fear of the direction its old medical school was taking. As one of the harshest combatants in this little war said in print some years later, Georgia needed physicians who could practice "outside the ivory towers" instead of "spawning a medical civilization dedicated to research for the sake of research alone."[17] However unfortunate some may have considered that particular opinion, an in-

stitution that is seeking to break out of its mold and grow very quickly in many directions must run the risk of criticism.

In other particulars MCG seemed to be rolling along smoothly. As is so often the case with adolescents who are a bit awkward and uncertain of themselves as they grow, the College at times showed naiveté in some of its actions. For example, the Medical College of Georgia Foundation was founded in Macon in February 1954 when a number of the school's most loyal alumni banded together in the hopes of building a significant endowment for MCG. There was certainly nothing naive about the idea, and the Foundation has developed nicely during the years since it was established, but one of the early appeals of the College for contributions to an Alumni Endowment Fund had the rhyme and ring of a first-timer:

> Were it not for your degree
> From the M. C. of G.,
> We may not be able to say,
> "Dear Doctor"—today.[18]

There are no extant records to indicate how many dollars that particular jingle brought into the school, but the contrast with the sophisticated programs of the 1980s is marked. With tax advice, legal suggestions and recommended codicils, shared-income and deferred-giving plans—to name but a few devices now used to induce contributions—the Foundation has come a long way. At the time of this writing the net worth of the Foundation was in excess of eight million dollars, a figure that has grown healthily over the last few years. The Medical School Alumni Association has also come a long way and is now housed in the superintendent's cottage next to the old University Hospital. There the director and staff pore over computerized lists of alumni and friends, issue appeals for money, and plan the particularly satisfactory homecoming and reunion events that have become almost as much a feature of Augusta's spring season as the Master's Golf Tournament. Alumni House, as the cottage is now styled, has become a focal point on campus for those interested in the past achievements—as well as in the future possibilities—of the school. In 1985 a useful directory of graduates of all the schools of the Medical College was printed and made available to interested parties.[19]

More and more full-time appointments continued to be made, even during the period of struggle with the Richmond County medical group. William H. Moretz, who has been mentioned previously in relation to the

ETMH controversy, was appointed professor and chairman of the department of surgery starting 1 July 1955, and he entered into the activities of the school immediately. At the same time, Lois Ellison's appointment as assistant research professor went into effect.[20] Robert Greenblatt, the distinguished endocrinologist, was singled out for the *Cadaver* teaching award for 1954–55, and endocrinology was rated by the seniors as the best course at MCG.[21] Greenblatt appears to have been the man on the faculty who, during the recent period of the College's history, best characterized the ideal of the teacher-scholar-researcher.

With the opening of Talmadge Hospital a new era dawned for the study of nursing at MCG. A school of nursing had been established at the University in Athens as far back as 1943, but siting a hospital at the Augusta institution made it seem logical to move the school to MCG. Such was done when Dean Louise Grant inaugurated two programs with twelve students under direct supervision of the College in March 1956. A four-year basic nursing program for high school graduates was instituted as well as a baccalaureate program for registered nurses. It was anticipated that enrollment would ultimately peak at 225, but the school's registration did not reach that level. In order to secure more applicants, Ex-President Pund and Dean Grant established an advisory committee on scholarships headed by Doug Barnard, Jr., in 1958. A feature provided for the nurses' dorms that strikes one today as anachronistic—if not amusing—was the "beau parlors."[22]

The budget for instruction at MCG stood at roughly eight hundred thousand dollars for the year 1956–57, with an additional half-million dollars appropriated for the hospital. The increases had been all but geometrical since the fateful decision to put a hospital on campus—a fact that was not lost upon Pund.[23]

Commencement showed more variety in degrees than in the past. In 1951 degrees other than M.D. were awarded for the first time since the days of the ill-fated public health experience when an M.S. in medical art, soon to be called medical illustration, was given, as well as a master's degree in medical microbiology. At the 1957 commencement, in addition to the seventy-five M.D.'s awarded, eleven B.S.N.'s were granted, two more M.S.'s in medical art, and one degree in medical microbiology and public health.[24] But there were elements on the faculty who were not interested in the trappings of graduation or the sentiments and traditions

associated with it. A motion was made in 1956 to abandon the full "exercises with caps and gowns," but Pund ruled the motion "out of order" and said that he would insist on a formal commencement. Lane Allen made a second motion to the effect that "commencement graduation" be dispensed with after the 1956 ceremonies. The most important consideration, said one, should be that the students and their families liked the occasion, "not our comfort." Philip Dow, physiology, and Sam Singal, biochemistry, opposed Allen's motion. The influential and distinguished Hamilton finished the counterattack with his remarks that "the academic procession is a tradition passed down. We need to hold on to some tradition—not to cast it aside."[25] The meeting adjourned without taking any action on the question.

Shortly after the 1956 term opened, the faculty was presented with figures that illustrated the growth of the school. There were now 54 full-time and 19 part-time persons on the faculty, and in addition there were 101 "clinical and courtesy members" who received neither pay nor fees. Including nursing there were 359 full-time students, 5 part-time, and 7 in medical illustration.[26] The raison d'être of the school was clearly stated: "The primary purpose of the medical college is teaching students." The following year Virgil Sydenstricker, who had done such remarkable early research into the nature and cause of sickle-cell anemia and pellagra, retired. Although he called hematology "his first love," his notable achievements and recognition in the area of nutritional diseases led him to receive grants from the Rockefeller Foundation to study the adequacy of the food rations in wartime Britain. Later he was given the heavy burden by the World Health Organization of designing a proper diet for the recently liberated—but starving—prisoners at the Belsen Prison Camp in Germany.[27] During his last active year at MCG, Sydenstricker also acted as dean of postgraduate medical education.[28] His staunch presence was missed at the College. Sydenstricker's importance to MCG was appropriately recognized some years later when a major wing of ETMH was named in his honor. Together with the inventive and original Hamilton, these two men dominated the research picture at the Augusta school during the late 1940s and early 1950s as no two others before or since.

In January 1958 Edgar Pund announced his retirement from the presidency and from the school. It was a matter of understandable pride to him that the instruction budget had "more than doubled" since 1953,

and he noted that the 1956–57 figure of $1,156,000 contained not a penny "for patient care." That funding was handled with the $3,000,000 appropriation to the hospital itself.[29] He had accepted the post only after deliberating for "several months," and felt he was chosen "because of the difficulty in this transition" and because "one of the elder group" was expected to preside at that time. So he "set up the organization" of the school and hospital, and established the policies governing faculty on a full-time basis. It was now time for another to take over and for him to bow out. He wanted no sentiment—no one is indispensable—and he found it particularly difficult to stand before his faculty at that time "and tell you all these things."[30]

As was said of him when he took over leadership of the College, Pund was "a stern taskmaster" and a "harsh disciplinarian, who with Teutonic resolve set out to inculcate basic principles in pathology."[31] But he was also a stern taskmaster for himself—one who was, however, respected and admired as well as feared. As a transitional president he saw what he must do and he did it.

Chapter 15

Toward the Present

When Pund stepped down from the presidency in 1958 his place was taken by the youthful and energetic Harry O'Rear who had been the old president's right-hand man. First appointed as acting president, his temporary status was removed in 1960. O'Rear went on to lead the College until succeeded by William H. Moretz.

O'Rear watched over a program that emphasized dramatic new expansion in several fields, development of the faculty, and broadening of the curriculum to meet the demands dictated by the decision to create a medical center complex. He was fortunate in that he found the state of Georgia almost completely receptive to the concept of expanding its horizons, particularly in the area of higher education. The 1960s were the palmy days of the University System budgets, and it was not just the Medical College that profited from the largess of the regents during this period. Although his task may have been easier—at least where the budget was concerned—than some of his predecessors', O'Rear still exhibited considerable foresight and excellent judgment in his executive and administrative decisions.

His notions concerning expansion covered several areas, the most obvious being physical growth. With an eye toward the future, O'Rear was determined that the land across Gwinnett Street was a tract the College simply had to have for future use. Already commercial establishments and doctors' offices were beginning to locate as near Talmadge Hospital as possible, and plans were underway that would result in construction of the University Motel on Gwinnett for the convenience of those whose business was primarily with the College or its hospital. Harper Street, running to the north of Talmadge, was changing from residential to a mixture of clinics, pharmacies, and medical offices; expansion there would be difficult and costly. But the 1960s were also a period when

HEW and its urban renewal division had almost unlimited power. Acting jointly with the city, MCG sought and secured purchase of the Gwinnett Street property. The board of regents gave its approval to the plan, and the first land in this twenty-five acre section was bought in November 1962.[1]

Ultimately the College secured title to a large portion of this area. On it were placed the useful student center, student housing, tennis courts, parking spaces, and the enormous Education and Research Building, which was the largest instructional facility in the University System. The Medical Center Motel, bought in 1969, was adapted for use to supplement the outpatient facilities. Ten years earlier the school effected a land swap with the city, giving up the sizable chunk of land on which the badly run-down Newton building was located for a smaller tract that Augusta owned and on which the Wilhenford and Van Pelt buildings stood.[2] All of these structures, it turned out, were to be victims of the expansion of the College.

O'Rear was just as interested in expanding the curriculum as he was in the physical reach of the College. In the fall of 1963, thirty-eight students were registered in graduate work, and for the first time the Ph.D. was in the catalog, being offered in five different areas. Although master's degrees were available from 1951, when a graduate division was created, the possibilities had been restricted and the degrees awarded few. MCG's school of graduate studies was set up in 1965, and the first Ph.D. granted by the College came only one year later. The graduate nursing program expanded modestly as well, and in 1969 the first M.S.N. was awarded at the Augusta school.

Bachelor of science degrees were offered by the mid-1960s in areas such as medical record science, medical technology, and medical illustration. The College, in fact, had been undergoing a sort of self-study in relation to its future role in the state and had convinced the regents "to expand and diversify" its curriculum. In truth, the academic situation was becoming so complex during the 1960s that it was found expedient to establish yet another school. Although the training of technologists by MCG had begun as far back as 1937, there was no special section established to give these students adequate guidelines and counsel until 1968 when the school of allied health sciences was organized. Such paramedical training as radiologic technology, physical therapy, and medical illustration were put under this new administrative heading. All told, by

1980 there were nine different areas in allied health sciences where students might pursue degrees.[3] The faculty of the College, composed of 79 full-timers in 1959, ballooned to 290 in 1971.[4]

As MCG advanced in budget and curriculum, losses from retirement and death inevitably took their toll among the faculty. Richard Torpin, whose portrait now hangs with other College luminaries in the Special Collections Room of the library, retired in 1958. His inventive nature and his high spirits were missed at the school after his retirement. He was known particularly for his maternity shelter, dubbed "The Stork Club." The distinguished William F. Hamilton, moving into his last research years, had made a name for himself in hemodynamic and cardiovascular research. He invented the Hamilton manometer and served as president of the American Physiological Society in 1955. In considerable demand as a lecturer, he was the recipient of the American Heart Association's Gold Heart Award in 1958. Hamilton took emeritus status in 1960, and died four years later. His achievements have been lauded by Andre Cournand, among others. Reference should also be made to Raymond P. Ahlquist, professor and chairman of pharmacology. For his concept of the beta blocking mechanism he distinguished himself and MCG by being the school's first Lasker award winner. This award is "among the most prestigious made in American medicine." His discoveries led, among other things, to the development of the drug propranolol (inderal).[5]

O'Rear tried to get competent researchers as well as good teachers to MCG whenever possible. That he succeeded to some degree is attested by the fact that research grants, which amounted to roughly $775,000 during the academic year 1959–60, passed the one-million-dollar mark two years later and went to two million in 1963–64.[6] The crest of research grants in the 1960s and early 1970s was to ebb, however. In the new decade of the 1980s federal monies became more difficult to get as the nation's inflation rate cooled and as the financial principles of Reaganomics began to take hold. Private gifts, such as the one left to MCG by Mrs. Bowdre Phinizy upon her death in 1961, began to come more frequently but could by no means keep pace with the expanding services offered and the spiraling costs of the 1960s. In the new decade of the 1980s, heavy teaching loads, ancillary responsibilities, and elimination of a number of important federal programs have decreased the amount of grant and contract money the school receives. The result is that MCG

finds itself in the lower half of medical schools in the amount of research grants awarded.[7]

Certainly one of the significant accomplishments of the O'Rear years was the securing of a separate building for MCG's burgeoning library holdings. When the library was moved from the Newton building to the new (1954) administration building—to be named in honor of Lombard Kelly—it actually found itself with less room for books and their users than had been enjoyed at the old College building. After the school effected its land swap with the city, some of the property deeded by Augusta was set aside for a library. Regents Roy Harris and Roscoe Coleman, two Augustans on the board, had been instrumental in helping Augusta College become a part of the University System and then a four-year school, so they listened to the MCG pleas for a library facility with a friendly ear. Plans for a new air-conditioned library were announced in 1961, and a ground-breaking was held on a cold and damp 19 January 1962 with a slim crowd, including the faithful Harris, present. The modern building was ready for full use in September 1963. At that time the library held about forty thousand books, roughly three times its holding in 1942, and one-half the number of volumes it boasted by 1975 when librarian Sadie Rainsford retired. The building seemed immense in 1963, and it was reported that the new structure was "expected to meet library requirements for the next quarter century."[8]

Probably no achievement of his administration gave O'Rear more trouble—and more ultimate satisfaction—than bringing a school of dentistry to the campus. The creation of a dental program had been talked of and urged on the College for years. The idea to establish at least a department or division of dentistry dated back well into the nineteenth century, but had not been followed through. By 1960, however, it was time to begin serious work in creating such a facility—or abandon plans and let Emory continue to teach all the dentists Georgia produced.

Late in 1961 interest surfaced in the legislature in this project, and a committee was established to look into state needs and possible locations for such a school. The group met in Augusta during December, with O'Rear attending, and heard testimony. Findings indicated that about ten thousand new dentists were needed in the Southeast by 1975 simply to retain the old doctor-patient ratio. In Georgia, it was pointed out, that ratio was a disgraceful one dentist for every 3,400 people. MCG would be the ideal site because of "the opportunity to share medical and dental

facility expenses for teaching and patient care," but it was clearly understood that much time would be needed to get a good faculty together for such a school. It would also be expensive. The recommendation to establish a dental school was nonetheless sent to the legislature in 1962, and Governor Ernest Vandiver gave the plan his blessing—in spite of the lack of funds.[9]

MCG, however, was not going to let the idea die aborning. By 1964 O'Rear had taken the offensive with the board of regents on the questions of faculty salaries, appropriations for the operation of Talmadge Hospital, and new construction. In his view the regents had made only a "modest contribution toward the facilities" that had permitted MCG to grow so dramatically. From the highly touted twenty-million-dollar University System building fund the school had not gotten its proper share; at the hospital, with operational costs more than doubled in recent years and with an increase in allocation only once since 1949, Talmadge received "a paltry $100,000" more for fiscal year 1963–64. The tone of his letter made it clear that neither O'Rear nor MCG was willing to settle for an inferior status.[10]

In April 1965 Governor Carl Sanders was able to announce that the regents had approved the creation of a school of dentistry in Augusta along with a pledge to finance within two years a dental outpatient clinic. State monies would be matched by federal grants to bring the entire complex to reality. At the same time announcement was made of work soon to begin on the student center and on student housing. Perhaps cognizant of the feeling at MCG that it had not received its appropriate slice of the budgetary pie, Sanders went out of his way to demonstrate that his administration had authorized the expenditure of almost $13,500,000 at the College thus far—"an amount larger than the total of state allocations to the Medical College of Georgia since it was first chartered in 1828."[11]

O'Rear next worked with Acting Chancellor S. Walter Martin on questions relating to salaries, planning, resolutions to the regents and legislature, budgets, and the like for the evolving dental school.[12] A beginning faculty of three was put together by 1966 consisting of Judson C. Hickey as the school's first dean and Louis J. Boucher and Thomas J. Zwemer as assistant deans. Temporary quarters were then assigned the school, and its innovative and ambitious program was approved by the Council on Dental Education of the American Dental Association in 1967.[13] The first dental hygiene students were admitted in 1967 and graduated in 1969. The

doctoral program was inaugurated in 1969 and degrees were granted in September 1973.[14] Instead of putting the new school of dentistry in the front yard of Talmadge as was originally planned, it was placed to the side on the southwest corner of Gwinnett and Fifteenth streets. It must have been a matter of pride for all concerned, who had worked so long and diligently on this project, that the dental program was a success from the beginning. Hickey, who presided over the school's birth and still heads it now that it has reached maturity, is generally thought to be one of the most accomplished academic administrators in his field in the country.

New buildings, new programs, and increased appropriations present one side of the MCG picture, but enrollment figures during the 1960s and early 1970s also indicate the growth that was characteristic of the school during this period. The 1964 fall term found 383 students enrolled in the school of medicine and 110 in nursing. Gender variety was not a characteristic of either school as the figures indicated that only one man was enrolled in the nursing program and only twenty women were pursuing the M.D. degree. Veterans, who had made up a significant proportion of the classes in the preceding decade, were outnumbered by nonveterans by almost nine to one. Thirty-one graduate students were working on degrees, more than one-third of them in biochemistry. Only thirty students were enrolled in areas that would later fall under the aegis of the allied health sciences, roughly half of them in Orville Parkes's well-established program in medical illustration. All told, 554 students were registered at MCG, 399 of them male, 43 of them veterans.[15] Although there is no breakdown of minority groups (except for women) available, a spot check of the *Aesculapian* indicates that the student body was overwhelmingly white, male, and native Georgian.

By 1970 the Annual Reports of the president of the College had become longer and more sophisticated documents. During 1970–71—a banner year for the school in some particulars—a total of sixty-nine new faculty appointments were made. Only thirty-four deletions meant a net gain of thirty-five positions. Grants and contracts reached a new high of $3,750,000, and the library reported the addition of 5,822 volumes, bringing its total holdings to 77,597. Enrollment, approximately twice the 1964 figure, had leveled off somewhat. Although it showed a modest increase to 1,148 (including 190 interns and residents) from the preceding year's 1,018, the figure was larger because more students were taken into the freshman classes of the dental and medical schools. Medicine

admitted 140 beginning students, thanks in large part to a grant from the National Institute of Health,[16] and dentistry's freshman class was pushed up to 37 students. Allied health sciences showed 125 matriculants in the fall 1970 class, graduate studies had 112, and nursing reflected 158 students registered. In the following spring 100 M.D.'s were awarded, 111 B.S. diplomas (57 of them B.S.N. degrees), 18 M.S. degrees, and 4 Ph.D.'s. Two major additions to the campus, the Education and Research Building and the dental clinical services structure, were completed in 1970–71. Planning for the new Veterans Administration Hospital, to be located on Fifteenth Street between Harper and Walton Way and destined to be connected physically—by way of an enclosed walkway—as well as clinically to MCG, was "in the final stages." Acquisition of the old University Hospital property was looked upon as number one priority for the future—in fact, it was thought to be "imperative." It was acknowledged in 1971 that additional clinical experience was needed, particularly with the increase in medical and dental students, and faculty salaries—as usual—were "a source of concern." But generally speaking MCG was described in the Annual Report as an exciting institution with a lively dental school.

It was also thought noteworthy that a Georgia school "is accepting the challenge to recruit black students, faculty and employees." Because the administration had sought suggestions and ideas from the students there had been no campus unrest, at least of a major sort. The city, which had been torn by rioting on 11–12 May 1970 when six people were killed, apparently had not followed the same kinds of policies.[17] The rioting, which included taunts at National Guardsmen, swirled about MCG as roving bands moved up and down Gwinnett and Fifteenth streets.[18] After that time both the city and the College, neither of which had been in the forefront of efforts to speed voluntary efforts at integration, altered their patterns to bring them more in line with the national norm.

Still MCG had, without fanfare, accepted its first two Negro students in the freshman class of the medical school in 1967. Both young men received their degrees in 1971 and went on to successful practices in Atlanta. One of them reported that there were "no great surprises at MCG," but he did feel "a little isolated." His undergraduate degree came from Fort Valley State College, also in the University System, and he felt that he entered medical college well prepared. A young black woman secured her B.S.N. in 1971 as well. Two years previous the Col-

lege hired W. J. Walker, Jr., as associate director of minority affairs, and in the summer of 1970 a program was instituted for minority students on the high school and college level who had shown an interest in entering the various branches of medicine. The summer program, where students are exposed to histology or physiology, has been funded in most recent years by the board of regents and benefits—as it should—the entire state. About 30 percent of the students who have enrolled have gone into the medical field, a few of them at MCG, and roughly 80 percent entered health professions in one area or another. But the College has had a difficult time attracting black students, particularly to the school of medicine, because of the keen competition it faces from out-of-state schools offering scholarship money. More recently the establishment of a medical school at Atlanta's distinguished Morehouse College has made MCG's task even more arduous. The Medical College hit a new low in 1976 when only one Negro was registered in the freshman class of the school of medicine. In the fall of 1981, however, there were nine blacks registered, comprising 5 percent of the incoming class, a figure that also held true for 1984.[19]

Inflation began to have an impact on MCG during the 1960s just as it did on every aspect of Georgian and national life. Talmadge Hospital found it necessary to raise its per diem rates from thirty-eight to fifty dollars in 1967, with outpatient visits going up from five to seven dollars for an initial appointment. Emergency charges were doubled from five to ten dollars.[20] Similarly, matriculation fees had to go up at about the same time as well. Medical and dental school charges for 1969–70 rose from $250 to $275 per quarter for in-state residents. Out-of-state students paid twice that amount. Graduate and undergraduate matriculants in disciplines other than the two above saw their fees increased from $95 to $135 per quarter for Georgians, and from $140 to $180 for residents of other states.[21] It was, as the 1980s know only too well, just the beginning. Caught in the upward spiral of medical services, cost of upkeep, legitimate demands from personnel that salaries be increased, and the necessity to recoup as much of the expense involved as possible through income, the hospital has seen charges reach an astronomical level during recent years. O'Rear had intimations of these developments, just as he realized the importance of the new relation of the federal government to the patient and to health care services in particular. He reported to the regents in 1969 that the demand for "personnel in the health fields is

rapidly increasing and will continue to increase" because of the growing significance of the Medicare and Medicaid programs. Dean Christopher C. Fordham III of the school of medicine repeated O'Rear's remarks about the shortage of medical personnel. The incoming class for 1971 was approved at 144; it was hoped to be in the vicinity of 200 as quickly as "it was feasible."[22]

In March 1970 President O'Rear was recommended by Chancellor George Simpson for "the additional title of Vice Chancellor for Health Affairs in the University System of Georgia." For the three previous years he had been the chairman of a System committee on health care programs. In his new post O'Rear would deal with the health care programs at all of the colleges and universities in the System. He was periodically to assess and recommend expansion, alteration, development, or—presumably—even curtailment of these programs. His new responsibilities began immediately.[23]

O'Rear continued to bring fresh ideas and new approaches to the Medical College. In addition to experimenting with a three-year curriculum for the school of dentistry, he toyed with the idea of introducing the same in medicine. He did push for and secure the creation of a department of family practice within the latter. He noted for the regents the drastic decline in primary care physicians and the corollary concentration of specialists in the urban centers. A survey at the Medical College of Georgia, however, seemed to indicate that 25–40 percent of the students interviewed planned to "follow careers in general family medicine" and might enter a family practice course if it were offered. Approval was given effective 1 July 1972.[24] Tackling the question of how to attract students to the school of nursing, O'Rear recommended the appointment of the aggressive Dorothy T. White as dean of the school upon Louise Grant's retirement. It was to be White's function to promote new programs that would increase enrollment and, therefore, the pool of qualified nurses.[25] At about the same time William Moretz, who was president-designate of the school, recommended through channels that the position of provost be created for MCG. It would help "to fulfill the administrative needs of the College" and would lighten the load on the president's shoulders. Robert A. Liebelt, Moretz's choice for the post, was accordingly named.[26]

MCG continued to push for new property in the immediate neighborhood of the school. At O'Rear's request the board of regents gave its

approval "in principle" to "the purchase of the old University Hospital" and the acreage associated with it at a price later to be determined.[27] At the same time O'Rear courted the good opinion of the new University Hospital and the Richmond County Hospital Authority by cooperating with them in securing the release by the regents of four acres to the city so it could be "reallocated" to the Hospital Authority for the site of a professional building. In addition, the chairman and chancellor were given authority to buy the remaining urban renewal land "adjacent to the Medical College and the old hospital."[28] In the same year, MCG was granted almost five hundred thousand dollars to buy this urban renewal acreage from city council, its exact location depending upon a final site plan decision by the government for its VA Hospital.[29]

Dean Christopher Fordham of the school of medicine resigned in 1971. He was, according to O'Rear, particularly effective working with innovative ideas as they related to the curriculum and in recruiting outstanding faculty personnel.[30] In the following year O'Rear himself stepped down from the presidency of MCG, and in April 1972 William H. Moretz was named the fourth president of the College. On June 2 at the Richmond Hotel a dinner was held in O'Rear's honor. He was wished godspeed in his now full-time job as vice-chancellor in the University System. Moretz's formal inauguration occurred on 7 November 1972.

In expanding MCG's horizons, O'Rear found the College with two schools and left it with the five that it has still today. In its broad concept, the plan to develop a health sciences university in Augusta was George Lombard Kelly's, but it was his successors—Pund, O'Rear, and Moretz—who carried out this ambitious scheme. Implementation of these policies widened enormously the degree possibilities and necessitated a larger and more varied faculty than had been envisioned in the past. As for physical growth, O'Rear pushed the College south of Gwinnett and secured construction of the massive Education and Research Building. The new home for the school of dentistry, the library, the student center, the purchase of the Medical Center Motel, and other bricks-and-mortar achievements were very important in relation to the College of the 1980s. He was determined to round off the College's property north of Gwinnett as well, and set the stage for purchase of old University Hospital and additional property controlled by the urban renewal program.

Budgets and salaries increased markedly during O'Rear's term in of-

fice, but inflationary pressures began to erode the progress MCG made in relation to other medical colleges in the country. O'Rear increasingly emphasized research, publication, and specialization at the Medical College, but he was also alert to the need for family practitioners. In addition, he was fully aware of the complications in modern medical care that rendered the paramedical fields more important than they had ever been. Significantly, O'Rear quietly oversaw the integration of the student body and encouraged the recruiting of minority students and employees. The students, faculty, and staff respected his drive and his brilliance, but some tended to find him distant and unreceptive as an administrator. While O'Rear's relations with some of his subordinates and with Chancellor Simpson may have left something to be desired, he was nevertheless an effective president who left his mark on the school. It was, in virtually every way, a period of remarkable growth for MCG.

Chapter 16

Only Yesterday

The key to understanding the history of the Medical College of Georgia in the 1970s and early 1980s lies in realizing that the school has been absorbed with consolidating its earlier gains and re-establishing its old identity. MCG has been deeply concerned with the problem of emphasis: should the main thrust be toward education, research, or patient services—or a happy blending of the three? Should the school continue to underscore its commitment to the state of Georgia and see that it is appropriately and fairly peopled with physicians, dentists, and other health care personnel, or should it reach out in its ambitions for regional status and recognition? Should the school emphasize the old ties it once enjoyed with the community, or should it develop, as many of the more introspective and research-oriented facilities have, as an almost independent entity within a city on which it no longer relies for its major political and economic support? Finally, should the curriculum be broadened to include more generous offerings in the humanities and nonscientific studies, similar to that of many other medical schools in the United States?

Some of these questions were in the air in 1972 when William H. Moretz was inaugurated as the College's fourth president—just as they still are as this history is being written more than a decade later. That these issues have not been completely clarified and solved should not, of course, be looked upon as a reflection on the Moretz administration for they involve basic philosophical questions that cannot be answered, as the pressing needs of the College in the 1960s were, by an openhanded legislature. In addition, economic developments quite beyond anyone's ken injected themselves into the picture after 1972—developments that not only slowed the seemingly unending growth of the late 1960s, but

also made the College pause to take stock of itself. Such a moment of self-analysis can only be for the better in the long run.

Moretz's inaugural address in 1972 was delivered a scant two weeks after the October 24 death of G. Lombard Kelly, the molder of the modern Medical College. The speech exuded optimism and the belief that the 1970s would continue to show the sort of dramatic gains that the 1960s had. Moretz hoped that in ten years the school could generate about 55 percent of its annual operating budget from internal sources such as fees, hospital revenues, and grants. Although the percentage of the budget expected from the state would be down, the annual appropriation from the people of Georgia by 1982 should rise to $64 million. He projected a total annual budget of approximately $140 million as compared to $35 million for 1972. Enrollment was to increase from 1,650 to 4,000, and the faculty must be more than doubled from 440 to 900. He also suggested the addition of thirty-two more acres to the campus and an added investment in new buildings amounting to somewhere between $80 million and $120 million. Significant growth was expected in both the schools of dentistry and medicine, and notable increases were anticipated in nursing and allied health sciences as well.[1]

Most of these projections had not been reached by 1983. The demand for physicians and dentists—once so acute—slackened during the period under consideration. New medical schools in Georgia—the first in many years—appeared at Mercer University and Morehouse College and began to compete not just for the public's attention, but for the eye of the student and for the money of the state and federal government as well. Economic downturns, especially the recession that began in 1973 and hit Augusta particularly hard, were reflective of the national slump that had such a powerful impact throughout the country. Later the loss of grant monies during the Reagan years hurt, particularly in the school of dentistry, although some alternative sources of income were unearthed. Galloping inflation, which seemed to go along so perversely with the economic recession, struck its mighty blow at both the instructional and research dollar and caused hospital expenses to balloon wildly.

The situation by the late 1970s had become so serious that the school seemed to find itself trying simply to keep ahead of the most dangerous of the economic indicators. Faculty salaries at MCG fell, just as they did throughout the University System. To cap the climax, economic strin-

gencies on the national level seemed to threaten loss of any number of research grants—a part of the school's total income that promised to be difficult to replace. Finally, the campaign to interest the alumni of the College in contributing significant amounts to its alumni society and to the Medical College of Georgia Foundation had somewhat disappointing results. The financial uncertainties of the period were at least in part to blame, but for some observers it was alarming that only a relatively small number of graduates of the College responded to its pleas for endowment funds and gifts of special interest in other areas.

So in addition to facing the economics of the situation squarely, the College has also had to come to grips with the realization that the fierce institutional loyalties that fired a Doughty or a Kelly or an Antony had cooled—at least where many of the alumni were concerned—during the periods of growth following the Kelly years. Although the Medical College may have gained a huge physical plant and grew from seven students and three faculty members in 1829, the question began to be asked if bigger was really better?[2] The loss in student-teacher contact was mourned; the one-time ambience of a relatively small medical school in a relatively attractive small southern city was said to be disappearing; students began to speak of technocrats and professors who did not like to teach—much less "profess"; some of the older faculty harkened back to the day when the school was "more of a unit"; the loss of identity in the school of medicine was decried; and even President Moretz, in one of his first interviews after assuming office, lamented his own enforced retreat from the practice of surgery.[3]

The administration, however, was acutely aware of these problems. In his inaugural Moretz seemed to indicate that one of the first needs for MCG was to secure a substantial addition to the library. The structure had been built less than ten years before, but the proliferation of schools at the College, the growing need for scholarly journals and sophisticated research tools of all sorts, and the increasing demands of the faculty and student body meant that by as early as 1975 space was at a premium. The 1963 acquisitions budget that suited the times and brought in thousands of necessary volumes, back issues of research journals, and equipment needed for the expanded technology required of a first-class medical library of the 1970s all too soon became obsolete. There was also a crying need for space where the original Dugas purchase and other volumes rare and historical in nature might be given the exposure they deserved; the

rare book room provided in the 1963 building was cramped and inadequate. It was also hoped that, if a larger space were set aside for this collection, portraits of distinguished past leaders of the College might be hung on its walls. The room could become a sort of rallying point around which a nucleus of the old MCG spirit might form.

Acting in accord with all of these notions, the administration, with the enthusiastic cooperation of Tom Basler, the able new director of the MCG Library, pushed for expansion that would more than double the former storage and stack space. The addition was completed late in 1980 and the move into the new structure smoothly accomplished by early 1981. The outstanding feature of the library, from the standpoint of the history of MCG, is the Special Collections Room, which has been used for a variety of functions. For example, in March 1981 Loree Florence presented her portrait to the College. A large crowd, including President Moretz and Provost Lois Ellison, the highest-ranking woman at MCG, was in attendance. Basler developed a collection that now totals more than two hundred thousand volumes and includes subscriptions to hundreds of scholarly and learned journals. The College, which in antebellum days had one of the largest medical libraries south of the Mason-Dixon line, saw its collections dwindle to relative insignificance by 1910, when Flexner called it primarily "of antiquarian interest"; since then it has caught up in most regards with many of the other medical libraries in its section.[4]

Other construction on campus has made—or will make in the future—an important impact on the school. An eight-story wing, now connected to the huge VA hospital by a covered pedestrian bridge that spans Harper Street, was added to Talmadge in 1976 and was named for Virgil Sydenstricker. This wing brought 240 more beds into use and increased the research potential of Talmadge Hospital by almost half. A radiation therapy center was completed, and significant enlargements to the surgical suites at the hospital were opened for use in 1981. An important addition that expanded the teaching capacity of the Education and Research Building was built and named in honor of William Hamilton. Other properties along Gwinnett, which the city renamed Laney-Walker Boulevard, have been bought and more purchases are planned, but the exigencies of the times have rendered difficult the sort of expansion that Dr. Moretz anticipated in his inaugural address. Still *Augusta Magazine,* sponsored by the local chamber of commerce, waxed eloquent over the

activities at the town's medical school in 1975. With an eighty-acre campus, "nearly 50 structures" valued at a total of over $100 million, an annual payroll of $38 million, 2,600 students, and more than 4,000 faculty and staff, MCG was a major factor in the economic life of the town and of the central Savannah River area. "Hard hats," the magazine enthused, "are as common as white coats"on the campus.[5]

In addition to "white coats," Dean Dorothy White was determined that her school of nursing would increase in size and in the variety of offerings. Accordingly, White reported to the board of regents in 1972 that the school had experienced "a tremendous growth" since she had taken charge. Federal funding had been crucial in the expansion, and she anticipated "500 undergraduates in the Nursing field by next year" when the new programs in Athens and Milledgeville were counted. The baccalaureate degree was expanded in several ways, and different programs—with any number of variations—were instituted. An immense class of 385 commenced the baccalaureate nursing program at Augusta in the fall of 1973. The overriding idea seemed to be to turn out quickly as many nurses as possible to take care of the crying need in Georgia and surrounding areas. An associate degree (two years in length) was instituted in many University System colleges in emulation of Columbia's admired program. Augusta was amazed—and impressed—that Dean White's school could point to more than one thousand matriculants by fall 1975, that the faculty had gone from ten to fifty-six in two years, and that there were by then twelve different ways in which one could secure a degree.[6]

In spite of an astonishing start, the nursing program did not develop as it was hoped. White left Augusta in 1976, and although the problem of attracting students to nursing schools continues at this writing to be a knotty one, the acute shortage once felt has abated somewhat since 1975.[7]

Moretz and his advisers moved in other ways to strengthen the ties that bind the graduates to the College. He received permission from Chancellor Simpson to permit MCG to go back to its original seal as "more representative of the institution's heritage" than the one then in use. Also, the distinctive and traditional MCG diploma was reinstated complete with flourishes and Latin inscriptions. But another sign of the times saw two of the surviving fraternities on campus give up their charters "due to lack of membership and support, leaving behind over

120 years of tradition."[8] The road that led to a revival of institutional loyalty was not always an easy one.

The Medical College became involved in a large number of new programs other than the aforementioned experiments in the school of nursing during the 1970s. In addition to the department of family practice, the College has moved into training professionals to work with a population that sees its life span lengthening and that will require more attention as the average age increases. The school of medicine is now comprised of almost two dozen departments in addition to a number of institutes. In recent years continuing education programs under the College's sponsorship have moved into many areas of the state. The school of dentistry tried a three-year curriculum, but went back to the traditional four-year program in order not to put its students and faculty under excessive pressure. It was found that the four-year dental graduate left Augusta fresh and fully capable of opening a highly competent practice virtually at once.

Talmadge Hospital continued to expand its services throughout the period and became particularly well known for care accorded critically ill infants. Open heart surgery, once considered a daring and almost desperate operation used only in extreme cases, became an everyday affair. Transplant operations became fairly common too, and the experimentation with preserving organs for these transplant operations appeared to be making substantial progress. Cancer research and work with renal dialysis broke new ground, as did continued efforts in endocrinology in the disparate areas of population control and fertility drugs. Both inpatient and outpatient figures at Talmadge and its clinics increased during the 1970s, with Moretz careful to assure the community and other physicians that the Medical College was not a particular patient's physician, but was a referral center. Still, in spite of concerted efforts to depict Talmadge in its true light—as "a major referral center for specialized needs"—the hospital continues to be thought of by the public as primarily an indigent care facility. Although a large number of the patients at Talmadge do indeed fall into the medically indigent category, it also has a significant percentage of referred paying patients.

One of the main concerns of Moretz was the corroding effects of inflation. With recent developments making it all the more difficult to raise funds from the traditional sources, MCG found itself with mounting demands on its faculty and staff and, at the same time, mounting costs

and alarming shortages in personnel. Fewer nurses at the hospital, for example, meant, among other things, that to entice additional students into the discipline wages had to be increased substantially. This meant raising charges at Talmadge when they seemed, to the layman at least, to be prohibitive already. In fact, through a brief survey of room charges, the reader is afforded insight into the brutal impact of inflation on MCG in the 1970s.

In 1972, for example, when Moretz came to the presidency, a private room at Talmadge cost the patient $55 per day. A semiprivate room cost $10 less. At the beginning of 1973, charges went up to $67 and $55 respectively. By 1975 a private room cost $70, but it went up to $80 in September, with the semiprivate still $10 less expensive. The increase was blamed on "hospital supplies and equipment" costs. Two years later a private room shot up to $100 a day; semiprivate charges rose to $90. In 1979 a new 26 percent increase that the College asked of the regents seemed excessive, so they "deferred" the request "pending receipt of additional information from the Finance Committee on this subject." After inspecting the situation the board authorized a 13.5 percent increase, which still pegged private rooms at $117 per diem, semiprivate $107, and three- or four-bed rooms at $102. Intensive care unit (ICU) prices rose in proportion, and the new burn unit charge went to $364 per day from $320. On 1 July 1981 another increase became effective, this time for 10.5 percent. Private rooms shot up to $167 per day; semiprivate were still $10 less, three- and four-bed rooms $151. ICU rose from $454 to $506, with charges in the cardiac care unit (CCU) the same. Burn unit costs rose to $552, and neonatal ICU to $542.

Nevertheless, the costs are not significantly higher than those at other local hospitals that offer comparable services. Even though it may be true that most of the charges will be picked up by third parties such as insurance companies, Medicare, or Medicaid, if expenses continue to skyrocket then it is a distinct possibility that Talmadge will actually become a facility devoted exclusively to indigent care. As only one gauge, private rooms now cost about four times what they did twelve years ago. A partial explanation of the startling expenses is that MCG offers the most thorough and extensive services currently available, particularly in intensive care areas. Moretz felt that a first-class teaching hospital must offer the best of every kind of treatment regardless of expense—the students, the patients, and the citizens of the state deserve no less. Hence the commit-

ment to excellence at Talmadge—a costly commitment by any standards, but one that must be made for ethical as well as practical reasons. As with hospital charges, tuition fees continue to go up at the Medical College. The rate of rise is twice as much for the out-of-state student as it is for the matriculant from Georgia. With federally financed loan programs drying up in the 1980s, students are having to rely more and more upon Augusta's lending institutions, which have been both understanding and relatively liberal in their terms.[9]

Reflective of a longtime problem that the College has had in keeping its best faculty, the board of regents revised the rules relating to payment of salary supplements to full-time faculty members. In 1968 an understanding was reached that a supplement could amount to no more than 25 percent "of the total annual salary paid from operating funds of the institution." Such supplements had helped MCG compete with other schools, but inflation hit this area as well. Accordingly, in 1976 the president requested and received an increase such that supplements may now go as high as 40 percent "of the total annual salary."[10]

In 1976 Moretz reported to the board of regents on recent progress at the Medical College. Comparing figures with 1966, he was able to report an increase in students from 804 to 2,584, and a rise in total income from the state from $12 million to almost $63 million during those ten years.[11] Admissions at Talmadge had all but doubled from 7,000 in 1970, and outpatient visits had risen from 67,000 to 146,000. Hospital income itself had quadrupled to $12 million from 1970. He also pointed out the need for family care physicians in Georgia and stated that more than 100 of Georgia's 159 counties were either without physicians entirely or were "insufficiently staffed." By the end of the century more than half of Georgia's present family physicians would be over seventy years of age.[12] Although his financial figures were not adjusted for inflation, the picture that emerged was one of solid growth. Grant and contract monies had picked up noticeably until, by 1980, they totaled over $12,500,000 from all sources. Federal income, however, was down fractionally from 1979. State and private grants have at least temporarily made up for the slump in federal money, but danger signals were up in such areas as capitation grants.[13]

For the early 1980s it seems safe to say that teaching "remained the major activity of the faculty," resulting in less time being devoted to "the area of scholarly pursuits." Research performances were "much too low

for a School of Medicine, especially in Clinical Sciences," but the administration saw little chance to reverse this trend in the near future. The teaching load in medicine was considered heavy in some areas. The new VA Hospital and the agreement for clinical exposure there and also at the new University Hospital gave the student more opportunity for varied experiences than ever before. Extra faculty were needed to supervise all these activities, but budgetary stringencies made this hard to accomplish. Faculty by 1980 numbered 488, 217 of them with tenure, 147 of them women. There were 90 other personnel listed as faculty for purposes of the 1979–80 Annual Report. Of women faculty, the largest number was in the school of medicine, though the largest percentages of female faculty were in nursing and allied health sciences.[14]

Extensive renovations were made at Talmadge Memorial Hospital during 1981–83, and the MCG Research Institute, organized in 1981 to enter into contracts that would be subcontracted to the College, is now operational. Headed by William Davis, the Institute was originally created as a result of a $250,000 fund drive that went over the top—thanks, in large part, to a grant from the Callaway Foundation of La Grange, Georgia. Such an institute has been exceedingly successful at Georgia Tech and it is hoped will be equally effective at MCG. Enrollment was up slightly in fall 1979 over the preceding year, mainly because of the return of the dental school to a four-year program and because of a small increase in the school of medicine. Of the 685 degrees awarded in 1980, there were 177 M.D.'s, 56 D.D.M.'s, and 316 B.S. degrees.[15] Inflation was scored as the most dangerous single enemy of the school, and the loss of capitation grants "will be catastrophic" for medicine, nursing, and dentistry if no alternative sources for funding are discovered. MCG should expand to admit more disadvantaged, and faculty are needed in allied health sciences to teach students entering the College direct from high school such skills as writing, "quantitative competencies," and "basic remediation."[16] However, regardless of the soft spots, it was felt that developments at the school had been so notable as to be "verging on the remarkable."[17]

In spite of certain difficulties, the image projected by MCG at the time of this writing seems to be clear and sharp. Many problem areas, notably the nursing shortage, are responding to treatment, and MCG graduates in all fields are held in high respect and command good positions upon their commencement. MCG's first real fund drive in the full sense of the

word—staged to coincide with the school's sesquicentennial in 1978—was a success; a public safety division now tackles the problems of traffic and campus crime more effectively; and the new advisory council to the president of the school, composed of outstanding statewide leaders from many fields, promises to strengthen the bonds between Georgia and its publicly supported health sciences university. But, as President Moretz said in his 1983 commencement address, "a few obvious physical needs" still clearly stand out. University Hospital must either be reworked and utilized for the schools of nursing and allied health sciences, or it should be demolished; the University Motel should be purchased and Laney-Walker Boulevard closed off to make it an intracampus street; a new clinical building is essential for the school of medicine; and the urban renewal property south of Laney-Walker known as Gilbert Manor should be bought to provide office space and afford the college a modicum of athletic facilities. And, as ever, the parking problem seems to defy definition much less solution. More parking decks would help, but the state has always been suspicious of funding such projects. Most importantly, an endowment of "at least 100 million dollars" is needed to help guard against future grant cutbacks and to provide funds for student loans, scholarships, and various special programs.[18]

It should be emphasized, amidst the welter of facts and figures, that MCG is very much a part of American medical developments in the 1980s. In fact, federal and state policies that affect medicine as a whole make an immediate impression on the Augusta medical scene too. Such has not always been the case, but the realities of the modern period, with its instant communications and its sophisticated networks of cause and effect, have dictated that an up-to-date administration at the Medical College must look almost as carefully at the political and economic situation along the Potomac as near the Chattahoochee. The federal government, for example, expended over $2,750,000,000 on medical research in 1974, 71 percent of which was channeled through the mammoth National Institute of Health. Industry invested almost $1,200,000,000 during the same period. Private funds, such as from the Carnegies and Rockefellers, which had once dominated the field, now are responsible for less than 6 percent of the total medical grants on the national level.

Another national factor that should be mentioned is that the leadership of the AMA has changed. More and more physicians have gone into teaching and research and have affiliated closely with professional

groups that represent their interests. As this phenomenon has occurred, the AMA has become more "the voice of medical practitioners rather than the voice of all segments of the profession." The sort of "progressive and innovative leaders" that the AMA had early in the century seem no longer to affiliate with the organization. So the AMA, partly because press coverage has given it the image of being interested primarily in its own pocketbook, has lost some of its reputation for objectivity that it enjoyed in the past.[19]

Even more noteworthy has been a virtual revolution in the ways of looking at medicine. This extraordinary development seemed to begin early in the 1970s—at roughly the same time Moretz took over as president of MCG. Suddenly new things were expected from the medical profession. Different social connotations became associated with medicine and the profession generally; the whole concept of human welfare and the responsibility of the physician to society began to take on added importance. Medicare, sanctity of life, support systems, and allied developments began to cause a shift in the thinking of the medical profession itself. A relatively new field—in actuality an old one, but recently revived—the philosophy of medicine surfaced to handle the ethical and moral questions that were asked of modern medicine and its practitioners. The whole issue of the accountability of physicians to society as well as to their patients is under hot discussion. Many see this development as useful, the idea being that analysis of one's values as a student in medical school can only produce a better-rounded, more thoughtful physician able to cope with the massive problems of the late twentieth century. It was the distinguished Edmund Pellegrino who, in a November 1978 lecture at MCG, analyzed the relevance of the Hippocratic oath in light of modern practice and proceeded to outline a new medical-professional code of ethics that included not only a list of obligations of the physician to the patient, but an equally long list of obligations of the patient to the physician.[20]

The history of the Medical College of Georgia has, in many ways, come full circle. Founded by a group of extraordinary physicians whose sophistication and training were remarkable for their time—especially in a town still not far removed from primitive country—it was from the start an integral part of the American medical scene. Its early

leaders, such as Antony, Ford, and the Eves, were known in national circles, enjoyed international contacts and training, and were keenly aware of worldwide medical events as they might relate to MCG. As pioneers of the six-month term and as authors of a circular letter in 1835 that called for reform in medical education, they won themselves a place in national medical circles. The *Southern Medical and Surgical Journal,* attributable to the genius of Antony, provided an outlet for the faculty and for medical professors from all over the country to publish the findings of their observations and research. Although by today's demanding standards these articles seem somewhat naive, *SMSJ* reflected accurately the state and character of American medicine at the time. Although it was not, as has been so often said, the first medical journal published in the antebellum South, it was the longest living and the most distinguished.

The debacle of Civil War effectively destroyed the first Medical College of Georgia. Although the school reopened promptly after the hostilities ended, its drive and thrust were as gone as the plantation society that had supported it. Its journal, revived briefly, was also a casualty of the war. In spite of occasional flashes of light from the school, such as with the accomplishments of the remarkable Campbell, by and large the College seemed content to rest upon past laurels. Change came slowly to the school on Telfair Street. Ignoring the admonitions of deans such as Foster, MCG did little to bring itself into the twentieth century in thought as well as in chronology.

But the Medical College of Georgia suffered a rude awakening with the strictures of Abraham Flexner. A school with less city and state support would have simply closed its doors, but Augusta and its College pooled their resources, built a new hospital, and moved the school from its old home on Telfair. The redoubtable Doughty attacked the ennui and nepotism that had plagued the faculty for years; he was responsible for putting the College back on its feet again. But with his death and with the advent of the 1920s the school went into another decline. When the Great Depression hit the country, it was anticipated in Atlanta and the rest of the state that MCG would not survive. Once again, however, the spirit of the school and of Augusta surprised those who had writ finis to the College.

Kelly dedicated himself to the survival of the school, and he won over enormous odds. Determined to go beyond mere continuance, he fought to bring his vision of the College as a medical center complex to reality.

In this, too, he was successful, and he lived to become the first president of a new and separate entity—a Medical College of Georgia that held equal status with the University of Georgia, Georgia Tech, and Georgia State University within the University System.

It has been left to Kelly's successors to plan the details for the general blueprints they inherited. That they have been successful in sponsoring a school that is both responsible and humane speaks for itself. The Medical College of Georgia, after surviving a series of setbacks that might well have demoralized a less determined school, has once again come abreast of the field in American education and has taken an honorable position with the other medical colleges of the nation.

Notes

CHAPTER ONE

1. Ellis Merton Coulter, ed., *The Journal of Peter Gordon, 1732–1735* (Athens, 1963), 36; Ellis Merton Coulter and Albert Berry Saye, eds., *A List of the Early Settlers of Georgia* (Athens, Ga., 1949), 11.
2. Harold E. Davis, *The Fledgling Province: Social and Cultural Life in Colonial Georgia, 1733–1776* (Chapel Hill, N.C., 1976), 86. Davis points out the distinctions drawn in the old world among the doctor of physic, the surgeon, and the apothecary—distinctions that blurred in America, where all were granted the title of "doctor" without discrimination. George Fenwick Jones has recently isolated the man whom he calls "Georgia's first bona fide physician," Christian Ernst Thilo, who came into the Salzburger settlement at Ebenezer in 1738. "Thilo soon became chronically sick," failed to attend the German church services, "and caused much disorder with his outlandish religious beliefs." See Jones and Renate Wilson, eds. and trans., *Detailed Reports on the Salzburger Emigrants Who Settled in America,* vol. 5 (Athens, Ga., 1980), xvi.
3. David T. Morgan, "Judaism in Eighteenth-Century Georgia," *Georgia Historical Quarterly* 58 (Spring 1974): 42–43 (hereafter cited as *GHQ*); B. H. Levy, "The Early History of Georgia's Jews," in H. H. Jackson and Phinizy Spalding, eds., *Forty Years of Diversity* (Athens, Ga., 1984), 166–67, 172.
4. Davis, *Fledgling Province,* 86; Sarah B. Gober Temple and Kenneth Coleman, *Georgia Journeys* (Athens, Ga., 1961), 26.
5. Joseph Ioor Waring, "Colonial Medicine in Georgia and South Carolina," *GHQ* (Supplement 1975): 144–45, 147, 151; Gerald L. Cates, "A Medical History of Georgia: The First Hundred Years, 1733–1833" (Ph.D. diss., University of Georgia, 1976), chap. 1.
6. Waring, "Colonial Medicine," 144, 146; Gerald L. Cates, "'The Seasoning': Disease and Death Among the First Colonists of Georgia," *GHQ* 64 (Summer 1980): 146–58. For more detailed accounts of the trusteeship period, see Phinizy Spalding, *Oglethorpe in America* (Chicago, 1977); Ken-

neth Coleman, *Colonial Georgia* (New York, 1976); and James Ross McCain, *Georgia as a Proprietary Province* (Boston, 1917).

7. Kenneth Coleman, *The American Revolution in Georgia* (Athens, Ga., 1958), 39–54; Kenneth Coleman, gen. ed., *A History of Georgia* (Athens, Ga., 1977), 67.
8. Edward J. Cashin, *The Story of Augusta* (Augusta, Ga., 1980), 13; Coleman, *A History of Georgia*, 87. Cashin, both in his text and notes, is definitive in correcting the long-held misconception that Augusta's founding dates from 1735.
9. Charles Edgeworth Jones, *Education in Georgia* (Washington, D.C., 1889), 17–18; Robert L. Meriwether, *The Expansion of South Carolina* (Kingsport, Tenn., 1940), and Ellis Merton Coulter, *Old Petersburg and the Broad River Valley of Georgia* (Athens, Ga., 1965), are particularly good on the settlement of the upcountry. See also the 1796 Petersburg appointments and prescription book and the 1798 business ledger from Augusta, both held in the Special Collections, Medical College of Georgia Library, Augusta (hereafter cited as MCG Special Collections). James Charles Cordle's "An Ante-Bellum Academy: The Academy of Richmond County, 1783–1863" (Master's thesis, University of Georgia, 1935) contains some useful information but is, on the whole, disappointing.
10. Luther Grandy, "The History of Medicine and Surgery in Georgia," reprinted from *Atlanta Medical and Surgical Journal*, 3d series, 12 (1895–96): 4. This item, in offprint form, can be consulted in the libraries of the Georgia Historical Society (Savannah) and MCG Special Collections.
11. S. G. McLendon, *History of the Public Domain of Georgia* (Atlanta, 1924); Coleman, *A History of Georgia*, 119–20, 131–34.
12. Thomas G. Dyer, *The University of Georgia: A Bicentennial History, 1785–1985* (Athens, Ga., 1985), chaps. 1 and 2; Cates, "A Medical History of Georgia"; Phinizy Spalding, "The Development of Material Culture in Georgia: An Overview," in Jane Webb Smith, ed., *Georgia's Legacy* (Athens, Ga., 1985), 23–28.
13. Cecilia Mettler, "History of the Georgia School of Medicine," *Phi Chi Quarterly* 34 (January 1937): 17. Mettler says only one degreed physician, a Dr. William Cocke (Pennsylvania, 1798), was in Georgia in 1800 (ibid.). Victor Hugo Bassett's research showed him that John Maxwell, Jr., of Bryan County, "was the first Georgia doctor to have a medical license from a licensing body authorized by law in America." Maxwell took his exam in New Jersey in 1793. See Bassett, "Plantation Medicine," *Journal of the Medical Association of Georgia* 29 (March 1940): 119 (hereafter cited as *JMAG*).
14. John Pitts Corry, "A History of Medicine in Georgia," incomplete typescript, A. W. Calhoun Medical Library of Emory University, Atlanta, 1931, 21.

15. Mettler, "History of the Georgia School of Medicine," 21.
16. Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore and London, 1971), 1–3. Rush's views on the causation of disease are, of course, more complicated than this statement implies. See Rush's own *Medical Inquiries and Observation*, 2 vols. (Philadelphia, 1879–93) for a sampling of his ideas. *Inquiries* was first printed in 1812.
17. Grandy has put it best. "The therapeutic tripod of that time was bloodletting, blisters and purgation, applied almost alike in yellow fever, croup and constipation," in his "History of Medicine and Surgery in Georgia," 1.
18. Richard H. Shryock, Foreword to Joseph Ioor Waring, *A History of Medicine in South Carolina, 1670–1825* (Columbia, S.C., 1964), viii.
19. John Duffy, ed., *The Rudolph Matas History of Medicine in Louisiana*, 2 vols. (Baton Rouge, La., 1958–62), 1:274, quoting Kollock. See also Charles Stephen Gurr, "Social Leadership and the Medical Profession in Antebellum Georgia" (Ph.D. diss., University of Georgia, 1973), 82–110, and an article in *Savannah Morning News*, 23 April 1936, by Victor H. Bassett, on the life and career of Kollock (bound copy available in Biographical Files, Georgia Room, Hargrett Rare Book and Manuscript Library, University of Georgia Libraries, Athens).
20. Lester D. Stephens, "Of Mercury, Moses, and Medicine: Views of Dr. John M. B. Harden," *GHQ* 59 (Winter 1975): 402–15; Corry, "History of Medicine," 32–34. For a fascinating update on the recent history of venesection, see Guenter B. Risse, "The Renaissance of Bloodletting: A Chapter in Modern Therapeutics," *Journal of the History of Medicine and Allied Science* 34 (January 1979): 3–22 (hereafter cited as *JHMAS*). James Harvey Young, *American Self-Dosage Medicine: An Historical Perspective* (Lawrence, Kans., 1974), has called the 1970s the new age of heroic medicine, dominated by physicians who overprescribe and patients who have become dependent upon their massive dosages.
21. "Their system of training was the administration of vegetable compounds to the exclusion of all mineral drugs, and even all surgical operations," wrote Robert Cumming Wilson in his *Drugs and Pharmacy in the Life of Georgia, 1733–1959* (Athens, Ga., 1959), 156. For a sampling of the botanic school's activities in the Augusta area, see *Georgia Constitutionalist*, 22 August, 19 September 1839. The same newspaper, 10 October 1839, contains a notice of the creation of a Botanico-Medical College in Forsyth to which one Mr. Brooks had given land and cash to the value of $5,600. On the general subject, see Joseph Krafka, "Quackery in Georgia One Hundred Years Ago," *JMAG* 28 (April 1939): 163–65.
22. Jo Ann Carrigan, "Early Nineteenth-Century Folk Remedies," *Louisiana Folklore Miscellany* 1 (1960): 43–61.

23. Ronald L. Numbers, "Do-It-Yourself the Sectarian Way," in Numbers et al., eds., *Medicine Without Doctors* (New York, 1977), 55.
24. Richard H. Shryock, *Medicine and Society in America, 1660–1860* (New York, 1960), 149.
25. William Frederick Norwood, "American Medical Education from the Revolutionary War to the Civil War," *Journal of Medical Education* 32 (June 1957): 436–37.
26. George H. Yeager, "Medical Schools of [the] Southern United States, 1779–1830," *Annals of Surgery* 171 (May 1970), 624–25.
27. Norwood, "American Medical Education," 436, 445.
28. For a good treatment of Jacksonian democracy in Georgia, see Finley A. McLauren, "The Jacksonians in Georgia, 1828–1840" (Master's thesis, University of Georgia, 1963).
29. John Donald Wade, *Augustus Baldwin Longstreet* (reprint, Athens, Ga., 1969), 15.
30. Charles Colcock Jones, Jr., and Salem Dutcher, *Memorial History of Augusta, Georgia* (Syracuse, 1890), 173, quoting John Phinizy's testimony before a U.S. Senate Committee on education and labor circa 1885. Phinizy was born in 1793, and died in 1887. See also microfilmed census data and Cashin, *Story of Augusta,* 309–10.
31. Joseph Krafka, "Augusta: From Trading Post to Medical Center," *JMAG* 29 (April 1940): 233; Wade, *Longstreet,* 17.
32. "The University Hospital," *Phi Chi Quarterly* 34 (January 1937): 31.
33. Mills Lane, ed., *The Rambler in Georgia,* (Savannah, Ga., 1973), 25, 53.
34. Jones and Dutcher, *Memorial History,* 173.
35. "The University Hospital," 32–33; S. Joseph Lewis, Jr., "Genesis of an Institution," *Augusta* 1 (Winter 1966): 42.
36. William Frederick Norwood, *Medical Education in the United States before the Civil War* (Philadelphia, 1944), 276; Yeager, "Medical Schools," 638; *Acts of the General Assembly of the State of Georgia* (Milledgeville, Ga., 1823), 50.
37. Krafka, "Augusta," 234–35.
38. *Augusta Chronicle,* 21 September 1822. This paper has gone under numerous formal names since its birth in 1785. For consistency of citing, it has been noted simply as *Chronicle* from this point in both text and notes, but with recent combined Sunday issues cited as *Chronicle-Herald.*
39. Thomas R. R. Cobb, comp., *A Digest of the Statute Laws of the State of Georgia . . .* (Athens, Ga., 1851), 886–87. See also Grandy, "History of Medicine and Surgery in Georgia," 7, and Henry Burnell Shafer, *The American Medical Profession, 1783–1850* (New York, 1936), 213.
40. Biographical File, MCG Special Collections; Russell R. Moores, "Exegit Monumentum Aere Perennius," *Richmond County History* 9 (November

1977): 10; Robert M. Willingham, Jr., *We Have This Heritage: The History of Wilkes County, Georgia* (Washington, Ga., 1969).

41. William H. Goodrich, *The History of the Medical Department of the University of Georgia* (Augusta, Ga., 1928), 11; Moores, "Exegit," 11.
42. "The Faculty of the Medical College of Georgia," *Proceedings of the Medical College of Georgia* 4 (April 1954): 7 (hereafter cited as *Proceedings MCG*). See also "First Recorded Deliberate Thoracotomy, 1821," folder containing a brief sketch of Antony's life by Dorothy H. Mims, a listing of his articles with duplications of same, a covering presentation letter by Robert G. Ellison, M.D., dated 6 February 1984, and a separate photograph of Antony's own freehand sketch of the thoracotomy, all in MCG Special Collections.
43. Joseph Ioor Waring, "Charleston Medicine, 1800–1860," *JHMAS* 31 (July 1976): 325; Waring, *A History of Medicine in South Carolina, 1825–1900* (Columbia, S.C., 1967), 72.
44. Waring, "Charleston Medicine," 325–27, 331; Waring, *History, 1825–1900,* 74.
45. "Graduates in Medicine, 1824–1924," in *Centennial Memorial of the Medical College of the State of South Carolina, 1824–1924* (Charleston, S.C., 1924).
46. Waring, *History, 1670–1825* (Columbia, S.C., 1964), 169–70; Waring, *History, 1825–1900,* 74, note. Antony's and Garvin's names are both incorrectly listed in the latter work.
47. "Graduates in Medicine, 1824–1924."
48. See Minutes of the board of trustees, 2 March 1829. When creating their original guidelines, the board conceived its main duties to be "to watch over and promote the best interests of the Institution—to aid and assist the faculty . . . in the government of the school." Minutes located in the Registrar's office, MCG. (Hereafter cited as Minutes of the trustees.)
49. The faculty of the Medical College of South Carolina became so dissatisfied with the policies of the Medical Society of South Carolina that it petitioned the state assembly for a new charter in 1831, relieving itself of its dependence upon the Society for faculty appointments. The Society fought back, but the faculty resigned and formed a second school, the Medical College of the State of South Carolina. The older of the two colleges staggered on until 1838, when it expired. Strictly speaking, the Medical University of South Carolina is the direct descendant of the Medical College of the State of South Carolina, chartered in 1832, and only an indirect descendant of the school that first opened its doors in 1824—and closed them for good in 1838. Hence the interpretation that the Medical College of Georgia, with an unbroken descent from 1828, is the oldest still extant college of medicine in the Lower South. See especially Waring, *History, 1825–1900,* 77–80.

50. Norwood, *Medical Education in the United States,* 276.
51. *Charter, By-Laws, Officers, &c. of the Medical College of Georgia, 1835* (reprint, Augusta, Ga., 1899), 7–9; *Acts of the General Assembly of the State of Georgia, 1828* (Milledgeville, Ga., 1829), 111–12.
52. Minutes of the trustees, 2 March 1829.
53. Ibid.; Moores, "Exegit," 12; Lewis, "Genesis of an Institution," 42; Moores's article in the *Chronicle,* 4–5 May 1975; "Faculty," *Proceedings MCG,* 4: 5.
54. *Charter, By-Laws, Officers,* 7–8. Antony may have had his own medical training in mind when setting up the Augusta school's procedures.
55. Minutes of the trustees, 17 May 1830.
56. Ibid., 17–18 May 1830; *Charter, By-Laws, Officers,* 10.
57. Goodrich, *History,* 192; Minutes of the trustees, 9 April 1832.
58. *Circular,* 7 April 1829, Rare Books and Manuscript Division, Hargrett Library, University of Georgia Libraries, Athens, Georgia.
59. Lane, *Rambler in Georgia,* 87. See also Anne Osborne, "Broad Street Remembered," *Augusta Magazine* 2 (Winter 1976): 18.
60. Minutes of the trustees, 9 April 1832.
61. Ibid., 18 April 1833.
62. Paul F. Eve, "Medical Education in Georgia," *American Journal of Medical Sciences* 27 (May 1834): 523; Minutes of the trustees, 18 April 1833; Lewis, "Genesis of an Institution," 42.
63. Minutes of the City Council of Augusta, 18 April 1834; *Acts of the General Assembly of the State of Georgia* (Milledgeville, Ga., 1834), 130–31; *Digest of the Statute Laws of the State of Georgia,* 681; Norwood, *Medical Education in the United States,* 277.
64. Minutes of the trustees, 16 April 1834; Barbara Spencer Green, "History of the Library of the Medical College of Georgia, 1829–1972," typescript, MCG Special Collections, 3–4 (hereafter cited as "History of the Library").
65. Minutes of the trustees, 16 April 1834.

CHAPTER TWO

1. Lane, *Rambler in Georgia,* 96–97.
2. Krafka, "Augusta," 234–35.
3. "Faculty" *Proceedings MCG,* 4: 8.
4. Goodrich, *History,* 35, 131. Campbell, with the exception of one year only, served on the faculty from 1854 to 1886, excluding the war years when the school was closed.
5. Ibid., 182.

6. Minutes of the trustees, 3 March 1857; *Southern Medical and Surgical Journal,* n.s., 15 (February 1859): 142–44 (hereafter cited as *SMSJ*).
7. Eugene Foster, "Medical History," in *Memoirs of Georgia* (Atlanta, 1895) 2:198; "Faculty," *Proceedings MCG,* 4: 5.
8. "Faculty," ibid.; Dugas to his mother, 8 July 1829, translated typescript, MCG Special Collections.
9. "Annual Report of the Committee of the University of Georgia on Research Work Done by Its Teachers and Graduates," 1925, Vertical File, Georgia Room, Hargrett Library, University of Georgia Libraries, Athens; Goodrich, *History,* 130, 152, 31, 78.
10. Goodrich, *History,* 12.
11. "Faculty," *Proceedings MCG,* 4: 6; Goodrich, *History,* 131.
12. Goodrich, *History,* 59, 78.
13. "Annual Report," 1925.
14. Ibid.
15. Eugene Foster, "In Memoriam: L. A. Dugas, M.D., LL.D.," *Atlanta Medical and Surgical Journal,* old series, 25 (February 1886): 778, 780.
16. Morris Fishbein, *A History of the American Medical Association, 1847–1947* (Philadelphia and London, 1947), 593 (hereafter cited as Fishbein, *History of the AMA*); *Dictionary of American Biography* (*DAB*) 3: 219–20.
17. Goodrich, *History,* 95; *DAB* 3: 220. Complications prevented Eve from actually serving in either conflict.
18. *DAB* 2:453–54; Fishbein, *History of the AMA,* 646.
19. Cecilia Mettler and Fred A. Mettler, "Henry Fraser Campbell," *Annals of Medical History,* third series, 1 (1939): 406, quoting Eugene Foster. See also Campbell, Vertical File, Georgia Room, Hargrett Library, UGA Libraries; *DAB* 2: 453–54; Fishbein, *History of the AMA,* 647.
20. A brief look at published and microfilmed census materials relating to slaveholders in Augusta turns up some interesting information. For example, John Dent is shown as owning ten slaves in 1820. Cunningham owned three in 1820, thirteen in 1830, and sixteen at the next census. Garvin did not make the slaveholders' list in 1830, but appeared in 1840 as owner of twelve Negroes, perhaps reflective of his wife's inheritance from her father, Antony. However, Antony does not appear on the schedules as an owner of slaves in 1820 or 1830. By 1850 Garvin's holdings had increased to twenty-five slaves with his real estate holdings valued at $13,000. On the other hand, Newton, usually regarded as the wealthiest member of the faculty, apparently owned no slaves at all, and had property assessed at only $6,500 in value. Ford is not recorded on these schedules until 1850, when he is shown as owning seven slaves, a figure that had increased to nine by 1860.

The Eves had a large stake in the system. Joseph owned ten slaves in 1850 and had real estate valued at $10,000; Paul had fifteen slaves and a $15,000 evaluation on his real estate. Dugas was the most aggressive and expanding of these physicians-businessmen. His eight slaves of 1840 had grown to fifteen ten years later and reached twenty by 1860. His property was placed at $25,000 in value. Property and/or slaveowning by these men in other counties of Georgia—or in South Carolina—should also be considered a strong possibility.

21. Extract of a letter, Paul F. Eve to the Editor, 17 April 1834, in *American Journal of Medical Sciences* 27 (May 1834): 524.
22. Goodrich, *History*, 199.
23. Norwood, *Medical Education in the United States*, 423; Yeager, "Medical Schools," 639–40.
24. Yeager, ibid. An excerpt from Ford's letter, and a comment giving MCG credit for leadership in this instance, are printed in *Journal of the Association of American Medical Colleges* 14 (March 1939): 120.
25. Kaufman, *Homeopathy*, 51.
26. Norwood, *Medical Education in the United States*, 423.
27. Joseph Eve, "Medical Education," *SMSJ* 1 (September 1836): 219. Antony's ideas as to the lengthened term and a national organization for physicians can be found in "Monthly Periscope," *SMSJ* 2 (August 1837): 51–55.
28. The sources documenting the construction of this building could fill a small book. See Minutes of the trustees, and Minutes of the faculty, 1834–37, for a blow-by-blow account, and follow through in the 1840–41 and 1846 Minutes of the faculty for more on the roof problem. See also the *Chronicle* for the period, and Loose Folders (Invoices and Receipts, 1835, 1836–37), in the Registrar's office, MCG. Cluskey raised difficulties with his commissions in Savannah and elsewhere as well. See Mary Lane Morrison, "Charles B. Cluskey: The Savannah Years," manuscript on deposit, Georgia Historical Society Library, Savannah, Ga. As for the Medical College building, Florence Fleming Corley's "The Old Medical College and the Old Governor's Mansion: Two Early Greek Revival Public Buildings in Georgia," *Richmond County History* 8 (Summer 1976): 5–22, is the best published article.

CHAPTER THREE

1. Eve, "Medical Education," 219; Goodrich, *History*, 78.
2. Eve, 219.
3. Norwood, "American Medical Education," 443. Shafer, *American Medical Profession*, chap. 3, "Medical Education," 55–95, which concentrates partic-

ularly on the basic preclinical subjects. Chapter 4, 96–147, covers the advanced and clinical courses.

4. Norwood, "American Medical Education," 445.
5. Minutes of the trustees, 1 February 1834 and 19 April 1837.
6. See, for example, *Seventeenth Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1848). Charles Jones Jenkins of Augusta was president, and Dugas secretary and treasurer. John Bones, Alexander Cunningham, T. Hoxey, and other Augustans, in addition to the faculty members, found themselves among the select twenty-four trustees.
7. Minutes of the faculty, 8, 18 May 1837; Commencement program, 1853, bound with *SMSJ*, n.s., 9 (1853), in Georgia Room, University of Georgia Libraries, Athens.
8. Green, "History of the Library," 4–5.
9. *SMSJ* 1 (June 1836): 4.
10. Norwood, "American Medical Education," 443.
11. Minutes of the trustees, 2 March 1829.
12. Minutes of the faculty, 10, 13 April 1835.
13. Florence Fleming Corley, *Confederate City. Augusta, Georgia, 1860–1865* (Columbia, S.C., 1960), 7, 14.
14. Minutes of the faculty, 22 January 1838.
15. See Whitfield J. Bell, Jr., *The Colonial Physician & Other Essays* (New York, 1975), 217–18.
16. Mettler, "History of the Georgia School of Medicine," 22.
17. Lane Allen, "Grandison Harris, Sr.: Slave, Resurrectionist and Judge," *Bulletin of the Georgia Academy of Science* 34 (September 1976), 192.
18. Ibid., 194. Each faculty member owned one-seventh of Harris and was to be so compensated should the member leave the school or die. See also Minutes of the faculty for the period.
19. Allen, "Grandison Harris," 195. Harris stayed with the College after the Civil War and lived well into the twentieth century.
20. *SMSJ* 1 (May 1837): 767. There is a minor citation problem with the old series of *SMSJ*. Volume 1 runs June 1836 through May 1837, volume 2 from August 1837 through July 1838, and volume 3 from October 1838 through September 1839. The new series runs in a January-through-December chronology. Citations to the new series in the present volume utilize only volume number, year, and page. The old series citations include the month as well.
21. Martin E. Blutinger, "Influence of the First Faculty of the Medical College of Georgia upon the American Medical Curriculum and the Origin of the American Medical Association," *JMAG* 48 (January 1959): 33; *SMSJ* 2 (August 1837): 52–55.

22. Goodrich, *History,* 194; Horace H. Cunningham *Doctors in Gray: The Confederate Medical Service* (Baton Rouge, La., 1958), 11.
23. Minutes of the trustees, 9 March 1839.
24. Lane, *Rambler in Georgia,* 144. Buckingham, his wife, and friends arrived on 26 February 1839 by the steam packet *Thorne.*
25. Ibid., 147, 148.
26. Wade, *Longstreet,* 235.
27. Berkley Reed Thomas, *The School of Flora* (Washington, Ga., 1835), 3.
28. Ibid., 4, 5.
29. Wilson, *Drugs and Pharmacy,* 156, 157. For a feeling of the botanical doctors' attitudes, see [Augusta] *Georgia Constitutionalist,* 22 August 1839. The Thomsonians ultimately even published their own medical journal in Georgia.
30. Foster, "Medical History," 2: 122. Foster talked with many who remembered the epidemic vividly. He also refers to Shultz as "H. Shults." *Georgia Constitutionalist,* 26 September 1839, reported the low water: "Drays traverse it [the River] without any danger, the water not going over the hubs of the wheels, until within two or three yards of the Hamburg shore." For a good sketch of Shultz, see Cashin, *Story of Augusta,* 71–74.
31. Wade, *Longstreet,* 233–34.
32. *Georgia Constitutionalist,* 26 September 1839.
33. Ibid. The advertisement giving notice of the term to commence on the second Monday in November was also run in a number of other Georgia papers, two in South Carolina, one in North Carolina, three in Mississippi, four in Alabama, three in Florida, two in Tennessee, one in Virginia, and one in Louisiana. The Academy of Richmond County delayed class opening as well. See Cordle, "Ante-Bellum Academy," 34.
34. Charlotte O'Rear, "Brief Notes on Less Well Known Episodes and Crises in the History of the Medical College of Georgia, 1830–1880 A.D.," *Richmond County Medical Society Bulletin* 4 (1961): 24; Minutes of the trustees, 27 November 1839; "Faculty," *Proceedings MCG,*12–13; Minutes of the trustees, annual meeting, 14 March 1840.

CHAPTER FOUR

1. List of matriculants and graduates, MCG Special Collections.
2. Norwood, *Medical Education in the United States,* 279 and 279, n. 12. For a sampling of the College's growth and for comparative statistics, see Minutes of the trustees, 4 March 1843, 6 March 1844, 3 March 1848, and *SMSJ,* n.s., 1 (1845): 223–24.

3. Minutes of the faculty, 3 September 1840, 25 February 1841, 25 May 1846.
4. Minutes of the faculty, 3 June 1841; *Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1841), copy located at the Waring Historical Library, Medical University of South Carolina, Charleston, S.C.
5. Louis A. Dugas, *An Address to the Graduates of the Medical College of Georgia, Delivered at Their Commencement, March 6, 1841* (Augusta, Ga., 1841), 11.
6. Keith F. Hickman, "The Augusta Canal," *Bulletin of the Georgia Academy of Science* 34 (June 1976): 211; Wade, *Longstreet*, 239–40. Mayor Joseph Jones [William Tappan Thompson], *Mayor Jones's Travels* (Philadelphia, 1880), 37. Augusta's first city directory, the *Augusta Directory and City Advertiser for 1841* (Augusta, 1841, reprinted 1943), iii–iv, echoed the gloom about "general business depression" and the "various difficulties" the town suffered, including "pestilence" and an apparent plot on the part of "the elements." It was not, as the *Directory* said, an auspicious time to print the city's first such volume.
7. Minutes of the faculty, 4 November 1845.
8. Yeager, "Medical Schools," 639.
9. *Anesthesia: Long Sought, Lately Found* (Washington, D.C., 1968), item 20, n.p. Copy at the National Library of Medicine, Bethesda, Md.
10. Thomas E. Keys, "Historical Vignettes," *Anesthesia and Analgesia* 51 (1972): 865. A student in Rochester, N.Y., William E. Clarke had used ether to extract a tooth in January 1842, two months before Long's March 30 operation in Jefferson.
11. Nicholas M. Greene, "A Consideration of Factors in the Discovery of Anesthesia and Their Effects on Its Development," *Anesthesiology* 35 (November 1971): 515. For the Jackson and Morton claims, see ibid., 36 (June 1972): 36, 627.
12. *Anesthesia: Long Sought, Lately Found*, item 22, n.p. See also Frank Kells Boland, *The First Anesthetic: The Story of Crawford Long* (Athens, Ga., 1950). Long first published his claim in December 1849. He said that he was interrupted at a crucial time—when he was writing up his early experiences—and that as a result of a number of pressing duties he did not get back to his claim until others had established their positions. Even after reading the challenges, he "decided to wait a few months" to see what would happen. By his own admission he let time pass "through negligence," but he was finally convinced by other physicians that he would do himself an injustice not to make his own achievement clear. For the article and the explanation of his dilatory behavior, see Long's "An account of the first use of Sulphuric Ether by Inhalation as an Anaesthetic in Surgical Operations," *SMSJ*, n.s., 5 (1849): 705–13.

13. O'Rear, "Brief Notes," 25.
14. James G. Burrow, *AMA: Voice of American Medicine* (Baltimore, 1963), 5–6; Kaufman, *Homeopathy.*
15. Fishbein, *History of the AMA,* 24–34; Blutinger, "Influence of the First Faculty," 34.
16. Minutes of the faculty, 22 February 1847; Fishbein, *History of the AMA,* 30; *SMSJ,* n.s., 3 (1847): 374–83. *SMSJ* reprinted the complete proceedings of the convention in this issue.
17. *SMSJ,* n.s., 3 (1847): 648; Fishbein, *History of the AMA,* 24, 27, 35. Arnold's efforts, of course, were not crowned with success at the time.
18. *SMSJ,* n.s., 3 (1847): 319, 191.
19. Ibid., 4 (1848): 568–70.
20. Ibid., 3 (1847): 570–71; 4 (1848): 437–38, 376; Blutinger, "Influence of the First Faculty," 34.
21. *SMSJ,* n.s., 4 (1848): 314.
22. Joseph A. Eve, *Introductory Lecture, Delivered in the Medical College of Georgia at the Opening of the Annual Session, November 6, 1848* (Augusta, Ga., 1848), 6–7.
23. *Seventeenth Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1848), 2.
24. Ibid. The five-month term did not last at this time either nationally or at Augusta.
25. *SMSJ,* n.s., 4 (1848): 506, thanks five medical magazines for printing that the Medical College "is due *priority* of action in Medical Reform and improvement." Shafer, *American Medical Profession,* 237, cites Davis as having recognized Georgia's primacy in calling for a national convention. Neither Fishbein's nor Barrow's more recent volume on the AMA makes reference to the contributions of MCG, although the former does mention the faculty's 1835 letter. The "more influential schools," Fishbein wrote laconically, "as might have been anticipated, opposed this effort" (see Fishbein, *History of the AMA,* 21).
26. *SMSJ,* n.s., 2 (1846): 256.
27. Ibid., 3 (1847): 318.
28. Ibid., 4 (1848): 255–56.
29. Minutes of the trustees, 3 March 1848.
30. Ibid., 5 March 1850.
31. Minutes of the faculty, 23 January 1849.
32. Ibid., 3 March 1849; *Centennial Meeting, Medical Association of Georgia, 1849–1949* (Savannah, Ga. [1949]), 6.
33. Minutes of the faculty, 8 December 1849.

34. Ibid., 27 January 1857, and 15, 22 February 1858; Goodrich, *History*, 169–70.
35. Elizabeth Studley Nathans, *Losing the Peace* (Baton Rouge, La., 1968), 114; C. Mildred Thompson, *Reconstruction in Georgia: Economic, Social, and Political, 1865–1872* (New York, 1915); William J. Northen, ed., *Men of Mark in Georgia* (Spartanburg, Ga., reprint 1974), 3: 548–55; Olive Hall Shadgett, *The Republican Party in Georgia* (Athens, Ga., 1964), 10.
36. James O. Breeden, *Joseph Jones: M.D.: Scientist of the Old South* (Lexington, 1975), 36, 48, 49. This is the first book in a projected two-volume biography. See also Minutes of the trustees, 2 March 1858.
37. Minutes of the faculty, 6, 8 June 1854. Brother Robert was designated as demonstrator of anatomy. Campbell was named professor of surgical comparative and microscopic anatomy in 1854. (see ibid., 5 June 1855). See also Fishbein, *History of the AMA*, 647; "Faculty," *Proceedings MCG* 4:8. For experiences that led Campbell to experiment with a technique of artificial respiration, see ibid., 9.
38. *SMSJ*, n.s., 10 (1854): 708. The Christmas break was cut to "but 3 days" as a result of the late start. See Minutes of the faculty, 18 December 1854.
39. Breeden, *Jones*, 22–23.
40. *SMSJ*, n.s., 4 (1848): 254, 506.
41. Minutes of the faculty, 29 February, 1 March, 22 April 1848; 17 March 1849; 29 January, 12, 21, 28 February, 1–2 March 1850.
42. Ibid., 15 December 1849.
43. *SMSJ*, n.s., 4 (1848): 254.
44. Minutes of the faculty, 16 December 1836; 21 December 1838; 17 December 1840.
45. R. W. Lovett, Jr., to his parents, 21 August 1843, collection 486, folder 30, R. W. Lovett, Jr., Collection, Special Collections Department, Robert W. Woodruff Library, Emory University, cited with permission. A letter of November 16 mentioned that he would be going to Oxford for Christmas. The holiday petition had been granted.
46. Ibid., 16 November 1843, Emory University Library.
47. Ibid.
48. Ibid., 21 August 1843.
49. Ibid., 22 January 1844, folder 17. This letter was taken to his parents "by the politeness of J. P. Dugas, Esq."
50. List of graduates, MCG Special Collections.
51. Roy H. Turner, "Graefenberg: The Shepard Family's Medical School," *Annals of Medical History*, second series, 5 (November 1933): 548–60.
52. *SMSJ*, n.s., 4 (1848): 575.

53. Ibid., 3 (1847): 190–91.
54. As for expenses, the strapped Robert Lovett, who found himself in such straits in 1843–44, would have been distressed to find out that room and board rose to $13–$17 per month and that the lecture fee went up to $115 in the 1850s. Although the practical anatomy charge remained $10, a $5 matriculation fee increased the cost to the average student.
55. *SMSJ*, n.s., 4 (1848): 384.
56. Ibid., 5 (1849): 62.
57. Ibid., 121.

CHAPTER FIVE

1. Ms. Diary for 1850, entries for 10, 14 January 1850, MCG Special Collections. This diary is incorporated into a notebook kept by Joseph Eve Allen when he was a student at MCG, but it is not in Allen's hand.
2. Ibid., 1 April 1850.
3. *SMSJ*, n.s., 14 (1858): 18–25. See also Francis Nash Boney, "Doctor Thomas Hamilton: Two Views of a Gentleman of the Old South," *Phylon* 28, no. 3 (1967): 288–92; John Duffy, "A Note on Ante-Bellum Southern Nationalism and Medical Practice," *Journal of Southern History* 34 (1968): 266–76, is particularly useful. For a thorough and scholarly account of the subject of disease and race, consult Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, Ill., 1978), 17. Boney's handling of Hamilton, who was one of the original trustees of the Medical Academy of Georgia, is controversial and provocative. Peter H. Wood, *Black Majority: Negroes in Colonial South Carolina from 1670 through the Stono Rebellion* (New York, 1974), 27–28, 38–40, is also useful on the questions of immunity and susceptibility.
4. *SMSJ*, n.s., 7 (1851): 62.
5. Ibid., 4 (1848): 574.
6. *Twenty-First Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1852), 3–4.
7. *Twenty-Third Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1854), 3.
8. *Twenty-Fourth Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1855), 3.
9. Breeden, *Jones*, 64. Minutes of the faculty, 25 April 1851.
10. *SMSJ*, n.s., 14 (1858): 496.
11. Mettler, "History of the Georgia School of Medicine," 23; *Twenty-Ninth Annual Announcement of the Medical College of Georgia* (Augusta, Ga., 1860), 3.

12. Joseph Jones to Mrs. Charles Colcock Jones, 8 November 1859, in Robert Manson Myers, ed., *Children of Pride* (New Haven, 1972), 530–31.
13. *Acts of the General Assembly of Georgia . . . 1860* (Milledgeville, Ga., 1861), 64.
14. *SMSJ*, n.s., 10 (1854): 121ff.
15. Ibid., 11 (1855): 193. See also ibid., 6 (1850): 214, 222–24, for comments on the *Transactions of the American Medical Association*, vol. 2.
16. *SMSJ*, n.s., 14 (1858): 503, 498–505, 121ff.
17. Ms. Diary for 1850, entries for 6, 13, 18, 20 January 1850, MCG Special Collections. See also *Chronicle*, 18–20 January 1850, issues for more on Mathew's visit.
18. *SMSJ*, n.s., 6 (1850): 84–91.
19. Ibid., 8 (1852): 772.
20. Minutes of the faculty, 22 January 1851.
21. *Chronicle*, 28 January 1852.
22. Minutes of the board of trustees, 1 December 1853.
23. Charles Colcock Jones to Charles Colcock Jones, Jr., 2 September 1858, in Myers, ed., *Children of Pride*, 438; Breeden, *Jones*, 56.
24. Breeden, *Jones*, 67, quoting Jones.
25. Ibid., 53.
26. Minutes of the faculty, 1 March 1860.
27. Breeden, *Jones*, 56, on assessment of MCG; on Jones's students, see ibid., Jones to his wife, 25 February 1859, 57.
28. Ibid., 59, 60.
29. Ibid., 61.
30. Louis A. Dugas, "A New Principle of Diagnosis in Dislocations of the Shoulder-joint," *SMSJ*, n.s., 14 (May 1858): 315–19. His diagnosis has henceforth gone by the name of Dugas's sign. See *Medical Discoveries* (Springfield, Ill., 1959), 441.
31. Breeden, *Jones*, 58.
32. Charles S. Sydnor. *The Development of Southern Sectionalism, 1819–1848*, (Baton Rouge, La., 1948), 304. Northern medical schools frequently advertised in Augusta papers. See, for instance, the *Weekly Chronicle*, 28 January 1852, for front-page solicitations.
33. Sydnor, *Southern Sectionalism*, 304; George W. Corner, *Two Centuries of Medicine: A History of the School of Medicine, University of Pennsylvania* (Philadelphia and Montreal, 1965), 112.
34. *Chronicle*, 28, 31 December 1859; *SMSJ*, n.s., 16 (1860): 73–74, 76. Apparently there were no takers for this community largess.
35. Minutes of the trustees, 2 March 1860, 19 February 1861.
36. Goodrich, *History*, 132; Cashin, *Story of Augusta*, 115.

37. Minutes of the faculty, 1, 12 February 1861.
38. Ibid., 17 September 1861.
39. *SMSJ*, n.s., 17 (December 1861): 894.

CHAPTER SIX

1. Breeden, *Jones*, 94; Corley, *Confederate City*.
2. Anne R. Osborne, "Augusta Hospitals, 1862–1865," typescript, MCG Special Collections; Horace H. Cunningham, *Doctors in Gray: The Confederate Medical Service* (Baton Rouge, La., 1958).
3. "Indigenous Remedies of the Southern Confederacy Which May Be Employed in the Treatment of Malarial Fever," *SMSJ*, n.s., 17 (1861): 753–87.
4. A. Ray Rowland and Helen Callahan, *Yesterday's Augusta* (Miami, 1976), 21–22; Cashin, *Story of Augusta*, 121.
5. Eva B. Jones to Mary Jones, 27 June 1865, in Myers, ed., *Children of Pride*, 1276.
6. *SMSJ*, whole series, 21 (1866–67): 181. Two of the men "were admitted *ad eundem gradum*" as graduates of other medical schools.
7. Mary Mallard To Susan M. Cumming, 31 August 1866, in Myers, ed., *Children of Pride*, 1356.
8. Minutes of the trustees, 22 January 1867.
9. Ibid., 31 August 1866; Norman R. Gentieu, "George Washington Rains, Gunpowder Maker of the Confederacy" (Philadelphia, 1961), pamphlet available at Augusta College Library.
10. Minutes of the faculty, 20, 29 February, 17 May 1872, and 6 May 1873; Minutes of the trustees, 6 June 1872 and 1 March, 5 July 1873. See also Dyer, *University of Georgia*, 121.
11. Coleman, gen. ed., *History of Georgia*, 237.
12. List of graduates, MCG Special Collections.
13. Phinizy Spalding, "Women at the Medical College of Georgia," *Southern Medical Journal* 74 (February 1981): 222, citing Minutes of the faculty, 2 June 1897.
14. See Minutes of the faculty, 6 March 1876, for Dugas's resignation; see also ibid., [March], 6, 9, 12 April 1877. The bracket marks an undated faculty meeting held between the February and April sessions.
15. O'Rear, "Brief Notes," 26.
16. Minutes of the faculty, 18 March 1882. Dugas's resignation was dated 8 March and Ford's 13 March. The wording is poignant. Both men died in 1884; Garvin died in 1880; and Joseph Eve in 1886, after teaching for fifty-three years.
17. Minutes of the faculty, 25, 28 April, 24 June 1882.

18. *University of Georgia, Medical Department: Forty-Third Annual Announcement* (Augusta, Ga., 1874), 3–4.
19. Ibid., 5.
20. Ibid., 6, intoned the following: "The *Thesis* hitherto required is left optional with the candidates."
21. Enrollment list, 1874, MCG Special Collections.
22. *Forty-Sixth Annual Announcement* (1877–78), p. 6.
23. *Augusta Evening News*, 27 September 1878.
24. Some of the duties of janitor included being prescription clerk at the Augusta city hospital; supervising the College's buildings and physical plant; and grounds maintenance. See Minutes of the faculty, 12 March 1881.
25. Ibid., 1 June 1880.
26. *Chronicle*, 29 February 1882.
27. Minutes of the faculty, 18 March 1882.
28. Ibid., 11 March 1884; Minutes of the trustees, 18 March 1884.
29. Minutes of the trustees, 23 March, 15 October 1885.
30. Fishbein, *History of the AMA*, 122, 1015.
31. The petition, dated 22 January 1883, and its accompanying letter, Campbell to John Shaw Billings, Surgeon General, 24 January 1883, are found at the National Library of Medicine, Washington, D.C. For a good brief treatment of the interrelated history of *Index Medicus*, the Army Medical Museum, and the National Library of Medicine (NLM), see Jeffry Kunz, "*Index Medicus:* A Century of Medical Citation," *JAMA* 241 (26 January 1979): 387–90.
32. Minutes of the trustees, March 1889.
33. *Annual Announcement, 1889–90*, pp. 3–4.
34. Ibid., 4–5.

CHAPTER SEVEN

1. See particularly Richard Hofstadter, *Social Darwinism in American Thought, 1860–1915* (Philadelphia, 1944); C. Vann Woodward, *Origins of the New South, 1877–1913* (Baton Rouge, La., 1951); Frank Freidel, *The Splendid Little War* (New York, 1958); and Cashin, *Story of Augusta*, 150.
2. Cashin, *Story of Augusta*, 309; Foster, "Medical History," 2: 101–2.
3. Minutes of the trustees, Report of the Dean, 30 June 1897.
4. *Chronicle*, 1 September 1891, 2 March 1892.
5. Irving A. Watson, *Physicians and Surgeons of America* (Concord, N.H., 1896), 615.
6. Minutes of the faculty, Miscellaneous Records, Registrar's Office, MCG. A series of important reforms suggested by the faculty for adoption by the trustees in 1892–93 can be found here in this miscellaneous collection. Some

of the reforms, such as lengthened terms, were accepted by the trustees. Foster, writing in 1895, claimed that the College had the best clinical offerings in the South. In addition to the City Hospital of Augusta and Freedman's hospital, he mentioned the jail, a medical and surgical polyclinic, and two dispensaries that were "under the sole control of the faculty." See Foster, "Medical History," 2:152.

7. Minutes of the faculty, 1 May 1897; Minutes of the trustees, 30 June 1897; *Chronicle,* 20 June 1897. The asylum also went by the name of the Tuttle-Newton Orphanage. See Cashin, *Story of Augusta,* 106, 226.
8. *Annual Announcement, 1890–91,* 3–4. The references to Scandinavian were apparently intended to ridicule the Nashville suggestions.
9. Ibid., 3–5.
10. Minutes of the faculty, Miscellaneous Records; Minutes of the faculty, 8 February 1893; Foster, "Medical History," 2:151–52; *Medical College of Georgia, Augusta, Ga., Circular of Information, 1894–95* (Augusta, Ga., 1895), 6–7, 20–21.
11. Foster, "Medical History," 2:145–48.
12. Minutes of the faculty, 4 April 1893.
13. Ibid., 26 June 1893, contains the exchange of telegrams, Boggs's clarifying letter of 22 June, and so on. See also *Atlanta Constitution,* 20 June 1893; *Chronicle,* 22 June 1893.
14. *Chronicle,* 22 June 1893.
15. Minutes of the faculty, 10 April 1899.
16. *Medical College of Georgia, Augusta, Ga., Circular of Information, 1896–97* (Augusta, Ga., 1897), 4.
17. Minutes of the faculty, 18 July 1898.
18. R. J. Matthews to E. Foster, 24 November 1898, in Miscellaneous Records, Registrar's Office, MCG. Robert Julius Matthews of Bryan Station, Alabama, received his M.D. from MCG in 1876.
19. For this affair see the *Chronicle,* 2, 3, 19 October 1896; Minutes of the faculty and trustees for the period, and especially the former for 8 and 21 December 1896. See also Miscellaneous Records, Registrar's Office, MCG.
20. *Chronicle,* 30 September 1898; Minutes of the faculty, 7 November, 7 December 1899, 30 April 1900. The Atlanta school had been formed in 1898 by a merger of the Atlanta Medical College and the Southern Medical College, largely because of the realization that expanding costs for medical education dictated such a move if a first-rate school were to be established for Georgia's capital.
21. Minutes of the faculty, 8 May 1897. When the Atlanta school opened in 1898, it showed 88 students in dentistry and 31 in pharmacy out of a total enrollment of 333.

22. Boggs to Foster, 17 April 1897, in Minutes of the faculty, 1 May 1897.
23. Ibid., 18 April, 11 October 1898.
24. Ibid., 13 September 1898.
25. Ibid., 11 May, and June 1896 meetings.
26. Ibid., 1 May 1897, 18 April 1898.
27. Ibid., 10 May 1899. *MCG, Circular of Information, 1894–95,* 4, 7, announced completion of the polyclinic, located directly behind the main building. It was apparently a sort of outpatient facility where operations were performed every school morning as the students watched from the amphitheater. The facilities, it was claimed, were the most modern available in the South.
28. The report of this committee is found laid in following the Minutes of the faculty for 17 September 1900.
29. Ibid., 1 May 1897. The dividend referred to amounted to the figure the College collected in its various sources for fees, less expenses. The remainder was divided among the professors. Assistants, demonstrators, and the like were often paid fixed salaries, as were other staff that might be employed.
30. Ibid., 18 April 1898, 10 April 1899.
31. Ibid., 10 April 1899.

CHAPTER EIGHT

1. *Chronicle,* 13 September 1978, citing reminiscences from Joseph Bryan Cumming.
2. Minutes of the faculty, 13, 16 February 1900.
3. See Minutes of the faculty for October 1903; January, 31 March 1904; November, 8 December 1905; 12 May 1906; 6 October 1910; *Chronicle* 2, 5, 22, 24, 29 November 1907.
4. Minutes of the faculty, 21 March 1901.
5. Ibid., 9 April 1901.
6. Francis L. Parker to DeSaussure Ford, 11 July 1904, Minutes of the faculty; Annual Report of the Dean, ibid., 9 April 1901.
7. Annual Report of the Dean, Minutes of the faculty, 9 April 1901.
8. Ibid., 8 April 1902.
9. Ibid.
10. *Chronicle,* 24 January 1903; Minutes of the faculty, 29 January 1903.
11. Minutes of the faculty, 18 April 1903.
12. Ibid., 8 April 1903. This is the dean's annual report to the faculty.
13. Ibid., 27 April, 18 May 1903. William H. Goodrich was one of the men hired at this time.

14. Ibid., 21 May 1903.
15. See Board Reports of the Chancellor and committees, Minutes of the special committee to confer with the Georgia Medical College, June 1904, University Archives, UGA Libraries. See also Minutes of the faculty, 1903–1904.
16. Minutes of the trustees, 31 March 1904.
17. Hill to Ford, 27 January 1905, Minutes of faculty, 21 February 1905.
18. Ford to Hill, 3 February 1905, ibid.
19. Hill to Ford, 4 February 1905, ibid.
20. Gerald Ray Mathis to the author, 13 July 1978; Minutes of the faculty, 23 May 1905; Gerald Ray Mathis, "Walter B. Hill: Chancellor, The University of Georgia, 1899–1905," (Ph.D. diss., University of Georgia, 1967).
21. Mathis, "Hill," 237.
22. Mathis to the author, 13 July 1978. For much more on Hill's plans, see his papers housed in Hargrett Rare Book and Manuscript Library, University of Georgia Libraries, Athens.
23. James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore and London, 1977), 224.
24. Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865–1919," *Bulletin of the History of Medicine* 46 (November–December 1972): 560.
25. Ibid., 546; Victor Johnson, "The Council on Medical Education and Hospitals," in Fishbein, *History of the AMA*, 889. On the question of standards it should be said that although Hopkins showed the way, only a handful—including Harvard, Rush-Chicago, Western Reserve, and the University of California—had followed its lead by 1905 in requiring at least two years of "college premedical work." See Johnson, "Council on Medical Education," 894.
26. Fishbein, *History of the AMA*, 689.
27. Johnson, "Council of Medical Education," 895–97. These results were not actually made public at the time, but the information was transmitted to the individual schools.
28. Burrow, *Organized Medicine*, 41; Johnson, "Council on Medical Education," 898.
29. Howard S. Berliner, "New Light on the Flexner Report: Notes on the AMA-Carnegie Foundation Background," *Bulletin of the History of Medicine* 51 (Winter 1977): 603–7. New sources, such as the Pritchett Papers, the appropriate archives of the Carnegie Foundation, the Abraham Flexner Papers, and the AMA's papers associated with the Council for these years have only recently been opened and add powerful insights into the whole fascinating question of American medical reform in the early twentieth century.

Abraham Flexner: An Autobiography (New York, 1960), 70–71, presents his own account of how he got the job. Flexner has also written the biography of Pritchett.

30. Murphey typescript, "Child Health, City of Augusta," box 2, folder 6, Murphey Papers, Hargrett Rare Book and Manuscript Library, UGA Libraries.
31. S. C. Wilson to DeSaussure Ford, 16 January 1905, Minutes of the faculty, 21 January 1905. The president of the board of health at the time was James B. Morgan, who occupied the chair of anatomy and clinical surgery at MCG. Morgan may have instigated the inspection, but his efforts at cleanup appear to have failed.
32. Allen, "Grandison Harris," 198.
33. Minutes of the faculty, 30 October 1905; 14, 23 February 1906.
34. Ibid., 21 November 1905.
35. Minutes of the faculty, 19 March 1906, 16 March 1907.
36. Ibid., 7, 19, 30 March 1906.
37. Ibid., 9–12 January, 16 May, 12 June 1907. The adjunct faculty member who was relieved is listed a number of times in the minutes as Dr. George H. Ehrhorn. There is no surviving catalog from 1906, but Ehrhorn's name does not appear in the issues for 1904–5 or 1907–8.
38. Ibid., Report of the Dean, 12 April 1906.
39. Ibid.
40. Ibid., 5 March 1907.
41. Flexner, *Autobiography,* 80.
42. *Chronicle,* 6 May 1975, quoting Russell Moores.

CHAPTER NINE

1. *"Bulletin of the University of Georgia" . . . School of Medicine* 8 no. 10, Announcement for the 1908–1909 session, 7.
2. For the full blast see Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching,* bulletin no. 4 (New York, 1910), 206–7. See also G. Lombard Kelly's article in the student newspaper, *Cadaver,* 28 March 1955.
3. Minutes of the faculty, 20 November, 16 December 1909; Fishbein, *History of the AMA,* 912–13; Burrow, *AMA,* 10.
4. Eugene Murphey, unpublished speech made at the dedication of one of the Medical College buildings, Murphey Papers, 2, folder 8, UGA.
5. G. Lombard Kelly, "The Evolution of a Medical School," *Journal of the Medical Association of Georgia* 17 (January 1929): 2.

6. Minutes of the faculty, 12, 26 May, 7 July, 14 September, 1, 6, 30 October, 17 December 1910.
7. Ibid., 5 December 1910; *Chronicle,* 18, 19, 21 June 1908.
8. *Chronicle,* 7 December 1910; Cashin, *Story of Augusta,* 207.
9. See the *Chronicle,* January–March 1911; Minutes of the city council for the same period; Minutes of the faculty, 2 March, 29 April, 4 May, 2 June 1911.
10. *Acts and Resolutions of the General Assembly of the State of Georgia, 1911* (Atlanta, 1911), 154–58; virtually every issue of the *Chronicle* for July 1911 carried long stories on the campaign.
11. Minutes of the faculty, 31 July 1911. Judge Enoch Callaway and William H. Barrett were also singled out for thanks.
12. Ibid., 2 June 1911.
13. Murphey Papers, 2, folder 8, no pagination, UGA.
14. *Chronicle,* 25 June 1912.
15. Joseph E. Allen, *Pandora* (Athens, Ga., 1912), no pagination.
16. Minutes of the faculty, 10 January 1913; Cashin, *Story of Augusta,* 212; *Chronicle,* 30 January, 2, 25 February 1913.
17. *Chronicle,* 20, 24 July, 15 August 1913.
18. Cashin, *Story of Augusta,* 212.
19. *Bulletin of the Medical Department of the University of Georgia,* 1915–16 (Augusta, Ga., 1915), 10–11; *Chronicle,* 2 June 1915; Minutes of the board of directors, 1 June 1915, in Registrar's Office, MCG.
20. *Chronicle,* 9 May 1915.
21. Annual Report of the Dean, Minutes of the directors, 1 June 1915.
22. Hudson, "Abraham Flexner," 561.

CHAPTER TEN

1. Minutes of the faculty, 18 August 1915.
2. Minutes of the executive committee, 4 December 1922, Registrar's Office, MCG; *Bulletin of the Medical Department of the University of Georgia,* 1913–1914, and 1914–1915.
3. Minutes of the board of directors, 4 June 1919.
4. Ibid., Annual Report of the Dean, 30 May 1917.
5. Ibid., 29 May 1918; Minutes of the finance committee, 6 November 1917, housed with Faculty Records, Registrar's Office, MCG. Five full professors saw military service including Henry Middleton Michel (orthopedic surgery), William C. Lyle (otology), Murphey (medicine), and Theodore E. Oertel (ophthalmology). See *Bulletin of the Medical Department of the University of Georgia,* 1918–19, 5.
6. William H. Doughty, Jr., to Dr. William C. Gorgas, 18 May 1917, Docu-

ment File, 1894–1917, box 1289, folder 181866, Library of the National Institute of Medicine, Bethesda, Md.

7. Doughty to H. H. Alexander, 1 June 1917, ibid.
8. Alexander to T. W. Hardwick, 2 June 1917, ibid.
9. Hardwick to Gorgas, 11 June 1917, ibid.
10. Doughty to Col. A. G. Glennon, 12 June 1917, ibid.
11. Minutes of the faculty, 24 May 1918; Minutes of the board of directors, 29 May 1918; *Bulletin of the Medical Department of the University of Georgia,* 1917–1918, 46, and 1918–1919, 46. Pund, from Augusta, was the sole representative in the class of 1918 to come from a "big" city. The Spread native was Joseph Bruce Logue.
12. Minutes of the board of directors, Annual Report of the Dean, 4 June 1919.
13. Ibid.
14. Minutes of the board of directors, 22 May 1922; *Chronicle,* 17 October 1921. The amount of money actually raised here is not clear. The above minutes state that "public and friends" raised twenty-seven thousand dollars, "payable in installments of 20% every six months" for 2½ years. The council eventually approved five thousand dollars more, apparently, and the grant of ten thousand dollars per year was met—at least for part of the period. One of the most difficult tasks William H. Goodrich had to deal with, when he became dean in the summer of 1923, was securing money from the Assembly to match the remainder of the grant, which ran for five years.
15. Minutes of the faculty, 26 May 1922.
16. Ibid.; Minutes of the executive committee, 14 April 1922; Minutes of the board of directors, 29 May 1922.
17. Minutes of the board of directors, Annual Report of the Dean, 28 May 1923. For Linton, see *Who's Who in America,* 1936–37, p. 1507.
18. William H. Doughty, Jr., "The Future of the Medical Department," in *Georgia Alumni Record* 3 (April 1923): 141–42.
19. George Lombard Kelly, "The Medical College as I See It," ibid., 143. At the time Kelly was also associate editor of the *Alumni Record.*
20. Eliot R. Clark, "Value of Research to the Practicing Physician," ibid., 145–46.
21. Minutes of the board of directors, Annual Report of the Dean, 28 May 1923, and 11 July 1923; Murphey Papers, folder 8, UGA.
22. Personal interview with Goodrich Henry, 12 September 1978, Augusta, Ga.
23. Minutes of the board of directors, 11 July 1923. Goodrich Henry, a relative of Dean Goodrich, has said that he thought the latter was named dean because he and Doughty were so closely associated.
24. Minutes of the board of directors, Annual Report of the Dean, 1925.

25. Ibid.
26. Ibid.; Minutes of the executive committee, 13 February 1924; *Bulletin of the Medical Department of the University of Georgia*, 1925, 42–43.
27. Minutes of the board of directors, Annual Report of the Dean, 29 May 1922.
28. *Georgia Alumni Record* 3 (April 1923): 144.
29. Minutes of the board of directors, May 1926, and Annual Report of the Dean.
30. Minutes of the faculty, 9 February 1927.
31. Minutes of the prudential committee of the board of directors, 30 March 1926, Registrar's Office, MCG.
32. *Chronicle*, 11 May 1926.
33. Personal interview with Loree Florence 19 July 1980, Athens, Ga.; Spalding, "Women at the Medical College of Georgia," 223–24. On 16 April 1983 the first MCG Women Physicians' meeting was held under the leadership of Claire Hicks, chair of the Women Physicians' committee. The group hopes to be able to aid women students at MCG and promote women's history there. See Minutes of the Alumni Association of the School of Medicine, board of directors' meeting, 7 May 1983, p. 2. Loree Florence died in 1983.
34. *Encyclopedia of Southern History* (Baton Rouge, La., 1979), 531; Coleman, gen. ed., *History of Georgia*, 310. For an excellent treatment of the period, see William Anderson, *Wild Man from Sugar Creek* (Baton Rouge, La., 1970). "At the urgent solicitation of Governor-elect Hardman," Goodrich appeared before the budget committee of the Assembly to plead for money. The usual support—approximately sixty thousand dollars—was voted in spite of his appeal and the incoming governor's obvious wishes that the legislators be more generous to his alma mater. See Minutes of the board of directors, Annual Report of the Dean, 1927.
35. *Chronicle*, 23 July 1926.
36. Minutes of the prudential committee of the board of directors, 13 October 1927.
37. Minutes of the board of directors, 5 June 1928, and Annual Report of the Dean.
38. Library committee meeting, 17 May 1917, Minutes of the faculty.
39. Minutes of the executive committee, 4 December 1922.
40. Lloyd P. and Marguerite S. C. Terrell, *Blacks in Augusta: A Chronology, 1741–1977* (Augusta, Ga., [1977]), 24–25.
41. *Chronicle*, 13 September 1978, quoting Joseph B. Cumming.
42. Cashin, *Story of Augusta*, 246.
43. Personal interview with Mrs. Ralph Chaney, 20 July 1978, Augusta, Ga.;

Minutes of the faculty, 26 May 1922; Doughty to Chaney, 15 May 1922, in Minutes of the executive committee, 19 January 1931.

44. Personal interview with Goodrich Henry, 12 September 1978.
45. Invitation and record book of the First Alumni Reunion, 2–6 June 1924, Registrar's Office, MCG. The assumption is that Doughty caused this gathering to be organized, but he was dead by the time of the actual meeting. See also Minutes of the board of directors, Annual Report of the Dean, 2 June 1924.
46. Cashin, *Story of Augusta,* 252.
47. Ibid., 218–19, 309.
48. Rowland and Callahan, *Yesterday's Augusta,* 67. See also Edward J. Cashin with Helen Callahan, *A History of Augusta College* (Augusta, Ga., 1976), 23–24.
49. Cashin, *Story of Augusta,* 233. The reference is particularly to the Adair-Ricker-Stoltz speculations and the local "booms" created by these interests.
50. Minutes of the board of directors, Annual Report of the Dean, 1927–28.
51. Minutes of the prudential committee, 27 June 1929.
52. Ibid., 4 September 1929.
53. Minutes of the board of directors, Annual Report of the Dean, June 1930.

CHAPTER ELEVEN

1. Coleman, gen. ed., *History of Georgia,* 263.
2. Ibid., 263, 310, 328.
3. Minutes of the executive committee, 5 July 1930, 19 January 1931.
4. Minutes of the executive committee, 19 January 1931; Fishbein, *History of the AMA,* 1089.
5. Minutes of the executive committee, February 1931; Minutes of the prudential committee of the board of directors, 30 January 1931.
6. Minutes of the executive committee, 26 January, 28 April 1931. Edgar Pund succeeded Lamar in pathology (ibid., 17 March 1931).
7. Zapffe's Report of Survey of the School of Medicine of the University of Georgia, done 9–11 April 1931, is found in Minutes of the board of directors, just prior to the records for the 8 June 1931 meeting.
8. *Athens Banner-Herald and the Daily News,* 13 October 1968, quotation from "Shelton Sanford's Scrapbook."
9. Minutes of the board of directors, 8 June 1931. A definitive sketch of Moss's career and scholarly achievements can be found in the *Dictionary of Scientific Biography* (New York, 1974), 9: 545–46.
10. William L. Moss to O. S. Gibbs, 7 April 1932, in *O. S. Gibbs* v. *Board of Regents,* September term, 1933, folder in Registrar's Office, MCG.

11. Minutes of the board of directors, 25 August 1931; Minutes of the prudential committee of the board of directors, 22 September 1931.
12. Minutes of the executive committee, 18 September 1931; Minutes of the prudential committee of the board of directors, 25 September 1931.
13. Minutes of the committee on College affairs, 9 July 1931, Registrar's Office, MCG; Minutes of the executive committee, 27 October 1931.
14. Minutes of the executive committee, 23 November 1931. All voted "Yea," save Kelly, "who voted 'present.'" When Chaney's resignation was considered by the board of directors, all concurred save Henry Shaw, acting president at the time, who voted "No" (see Minutes of the board of directors, 23 December 1931). Chaney's subsequent behavior at University Hospital made this decision appear to be the correct one (see ibid., 20 June 1932).
15. Rules and By-laws of the Board of Directors, Minutes of the board, summer 1931; Minutes of the executive committee, 1, 10 June and 20 July 1932.
16. See Minutes of the faculty, and of the board of directors, 1915–29.
17. *Annual Report of the Superintendent of the University Hospital of Augusta, Georgia, for the Year Ending December 31, 1929* (Augusta [1930]), 6–7, 9.
18. Minutes of the executive committee, citing report of Asbury Hull and George Traylor, 1 September 1930.
19. For an exhaustive consideration of these issues and others see the Minutes of the hospital committee, 13 January, 10 February, 10, 17 March, 16 June, 26 October 1933, 1 March 1934. After Moss's departure—and he had resigned by the last-referenced meeting—the minutes of this committee are shorter, more routine in nature, and devoted to less than substantive matters.
20. Minutes of the board of directors, Annual Report of the Dean, 4 June 1919; *Chronicle*, 4 April, 9 August 1919.
21. *Special Bulletin of the Medical Department of the University of Georgia, Augusta, Ga.*, vol. 1, no. 1 ([Augusta, 1920]), no pagination.
22. Minutes of the board of directors, Annual Report of the Dean, 30 May 1921.
23. Ibid.
24. Ibid., 29 May 1922.
25. Neagle, "The New School of Public Health," *Georgia Alumni Record* 3 (1923): 149.
26. Kelly, "The Medical College as I See It," 144.
27. Minutes of the board of directors, Annual Report of the Dean, 28 May 1923.
28. Minutes of the prudential committee of the board of directors, 31 May 1926; Minutes of the board of directors, Annual Report of the Dean, 1927–28.
29. Minutes of the board of directors, Annual Report of the Dean, 1928–29.

30. Ibid., 30 June 1930.
31. See especially Cashin, *Story of Augusta,* 249–50.
32. See Minutes of executive committee, 24 February, 17 March 1931, although the initial contacts came before that time.
33. Zapffe, Report, Minutes of the board of directors.
34. *Bulletin of the Medical Department of the University of Georgia,* Catalogue Announcement, 1931–1932, xx, 47.
35. List of public health degrees, compiled in 1955, MCG Special Collections.
36. Moss to Chancellor Charles M. Snelling, Minutes of the advisory committee, 4 February 1933.
37. Hughes Spalding to Moss, 11 January 1933, ibid.
38. *Chronicle,* 18 February 1933.
39. *Report to the Board of Regents of the University System of Georgia* ([Atlanta], 1933), 47–49.
40. William D. Cutter to Spalding, 27 April 1933, Discontinuance Petitions, 1932–33, Atlanta, Georgia Department of Archives and History, records group 31, sub-group 1, "Records of the University System of Georgia Board of Regents," box 18 (hereafter cited as BOR Papers).
41. *Chronicle,* 17 April 1933.

CHAPTER TWELVE

1. Spalding to Dr. Allen Bunce, 10 May 1933, BOR Papers, Discontinuance Petitions.
2. Spalding memo to Erle Cocke, 1 May 1933, ibid.
3. Moss to Spalding, 28 April 1933, ibid.
4. *Savannah Evening Press,* 17 April 1933; Cutter-Ireland Report of 1933; notes on the "Medical School"; Spalding to Pleasant A. Stovall, 27 April 1933, MCG General File, 1932–33, BOR Papers.
5. Stovall to Spalding, 1 May 1933, ibid. Spalding wrote back that he understood perfectly, see Spalding to Stovall, 3 May 1933, MCG General File, 1932–33, BOR Papers. Spalding may not have borne in mind that Stovall's middle name was Anthony and that he was—in addition to being a classmate of Woodrow Wilson, biographer of Robert Toombs, and former ambassador to Switzerland—a lateral descendant of Milton Antony. Some scholars think the remark ascribed to Webster may be apocryphal, but Stovall still illustrated his point nicely by citing it.
6. Spalding to Eliot R. Clark, 9 May 1933, letter in possession of Professor Lane Allen, used with permission.
7. *Chronicle,* 12–14 May 1933. See also taped interview between the author and Roy V. Harris.

8. *Chronicle,* 20 May 1933. For Weltner's career see especially *Atlanta Journal-Constitution,* 6 September 1981.
9. Spalding to Thomas J. Hamilton, 31 August 1933, MCG General File, 1932–33, BOR Papers.
10. Cutter to Spalding, 6 July 1933, and Spalding to Moss, 8 July 1933, ibid.
11. *Chronicle,* 8 March, 4 May 1934; *Atlanta Journal,* 29 November 1934.
12. Moss to Spalding, 3 September 1933, MCG General File, BOR Papers. Moss elaborated several days later that Hamilton and his allies, if they failed to keep MCG in Augusta, would try to block any regents' plan for getting federal funding for the University System. See Moss to Spalding, 6 September 1933, ibid.
13. Spalding to Weltner, 21 November 1933, ibid.
14. Spalding to Kelly, 23 November 1933, ibid.
15. Kelly to Spalding, 6 December 1933, ibid.
16. *Atlanta Journal,* 28 November 1933, clipping in ibid.
17. Spalding to Merritt W. Ireland, 26 January 1934, and Ireland to Spalding, 29 January 1934, ibid. The community received information of the loss of the "A" several weeks later. See *Chronicle,* 18 February 1934. The crisis, with problems and solutions posed, was a front-page story in Augusta for virtually the rest of the month. See ibid., 19, 20, 21, 22, 24 February 1934.
18. Mimeographed item based on the Cutter-Ireland Report of 1933, MCG General File, 1932–33, BOR Papers.
19. Kelly, "Milestones," 3; *Cadaver,* 11 May 1955.
20. Kelly, "Milestones," 1; *Chronicle,* 3 June 1934.
21. Kelly, "Milestones," 3.
22. Minutes of the advisory committee, 7 March 1934.
23. Minutes of the executive committee, 5 June 1934. The complete budget, including $22,500 from the continuation fund and a like amount from fees, totaled $125,180. The final figures were slightly, but not substantially, different.
24. Minutes of the executive committee, 26 July 1934. Minutes of the faculty for this period reflect a new optimism at the school.
25. *Announcement of the University of Georgia School of Medicine . . . 1934–1935,* 28, 21.
26. "Annual Report from the Regents of the University System of Georgia, for the year 1935," 65.
27. Information as to these developments can be found in the various sets of minutes in the MCG Registrar's Office, the BOR Papers, the *Chronicle,* and in the *Announcements* or *Bulletin* of the College itself. See especially Minutes of the advisory committee, 17 September 1935.
28. Kelly, "Milestones," 3.

29. Ibid.; Minutes of the faculty, 1 June 1935, 6 June 1936; *Chronicle,* 15, 16 February 1937.
30. Minutes of the advisory committee, 11 January 1938, 24 March 1939; Minutes of the executive committee, 27 March 1939; Minutes of the faculty, 2 June 1939.
31. *Alumni Bulletin, University of Georgia School of Medicine, June 1937,* p. 8, typescript, MCG Special Collections.
32. Minutes of the faculty, 31 May 1930; Contracts, Agreements, and Ordinances of the Medical Department of the University of Georgia, BOR Papers. Also contained in this item are the various contracts between the city and the College in relation to management of University Hospital, city ordinances concerning management of University, the lease and option with the Augusta Orphan Asylum trustees, and so on.
33. Minutes of the executive committee, 17 March 1931, and throughout for hospital expenses. See also Cashin, *Story of Augusta,* 258, for Cracker Party politics at University in later years.
34. Minutes of the hospital committee, 6 January 1933.
35. Lovelace Eve to Miss Olive Eve, 24 February 1931, with a typescript of a "copyrighted article appearing recently in the *New York Sun,*" article datelined Warsaw, 21 January 1931 (papers in possession of Mrs. Marguerite Radford McRae, and used with her kind permission).
36. *Atlanta Journal,* 8 November 1931; *Chronicle,* 15 November 1931.
37. Moss to O. S. Gibbs, 4 May 1932, Registrar's Office, MCG.
38. Interview with Mrs. Chaney, 20 July 1978.
39. *Chronicle,* 14 April 1933.
40. Interview with Philip Dow, 10 October 1978, Augusta, Ga.
41. Interview with Roy Harris, 26 July 1978, Augusta, Ga.
42. Ibid.
43. Rowland and Callahan, *Yesterday's Augusta,* 90; Minutes of the executive committee, 5 June 1934.
44. Murphey to Herbert Ravnel Sass, 21 February 1934, Murphey Papers, box 1, folder Q–S, UGA.
45. Minutes of the executive committee, 17 March 1931.
46. *Chronicle,* 15 April 1933.
47. Terrell and Terrell, *Blacks in Augusta,* 28.
48. *Alumni Bulletin, University of Georgia School of Medicine, June 1937,* p. 7.
49. Minutes of the faculty, 6 June 1936.
50. Terrell and Terrell, *Blacks in Augusta,* 28.
51. Minutes of the advisory committee, 10 May 1939. An interview by the present author with Hervey Cleckley in 1980 turned up no positive memories by the latter of any deliberations of this committee.

52. List of degrees awarded in public health, MCG Special Collections.
53. "Address delivered at Partridge Inn . . . 1930", Murphey Papers, UGA.
54. Minutes of the executive committee, 16 June 1938, 13 September 1939.
55. Fred A. Mettler, "Cecilia Charlotte Asper Mettler (1909–1943)," *Bulletin of the History of Medicine* 16 (July 1944): 179–82.
56. Ibid., 179.
57. "Minutes of the Dugas Club, 1934–60," 1, typescript in possession of the author. Dr. Philip Dow was kind enough to provide the author with this item. Dr. Dow died in 1981.
58. Minutes of the executive committee, 1 August 1935. The suggestion was Murphey's.
59. Minutes of the faculty, 6 June 1936. Hull was stepson of DeSaussure Ford, and father of Asbury Hull, also of the faculty.
60. "Minutes of the Dugas Club," 2.
61. Minutes of the executive committee, 31 October 1938.
62. Minutes of the advisory committee, 11 December 1939.
63. Minutes of the executive committee, 30 July 1936. The membership of the committee at this time was Kelly, Murphey, Traylor, Pund, Sydenstricker, and Goodrich.

CHAPTER THIRTEEN

1. Anne Osborne, "History of Medicine, Richmond County, Georgia," in a bound pamphlet of three articles entitled "Two-and-One-Half Centuries of Medicine," ([Augusta, Ga., 1971]), 25, available at MCG Special Collections.
2. *Chronicle*, 11 June 1940.
3. Minutes of the faculty, 12 June 1941. The freshman class was increased in size from forty-eight to seventy-five. See also Minutes of the advisory committee, 19 June 1941, concerning additional cost estimates for personnel, equipment, and the like for a class of seventy-five.
4. Green, "History of the Library," 10; Application for Membership to the Medical Library Association, Vertical Files, MCG library; Minutes of the faculty, 6 June 1941.
5. Minutes of the admissions committee, 20 July 1937.
6. Minutes of the advisory committee, 15 July 1938.
7. Sanford to Kelly, 9 November 1938, MCG General File, 1939–40, BOR Papers.
8. Minutes of the executive committee, 13 September 1939; Minutes of the advisory committee and the committee on admissions, 22 April 1940.
9. Carlton Williams, Lumpkin, Ga., to Talmadge, 12 September 1941 and

Talmadge to Williams, 15 September 1941, Admission Applications, School of Medicine, folder U-6.1, BOR Papers.

10. Minutes of the faculty, 6 June 1941.
11. Ibid., 1 May 1944.
12. Coleman, gen. ed., *History of Georgia,* 378. Of the extensive literature covering this subject, see especially Sue Bailes, "Eugene Talmadge and the Board of Regents Controversy," *GHQ* 53 (Winter 1969): 409–23; James F. Cook, Jr., "Politics and Education in the Talmadge Era: The Controversy over the University System of Georgia, 1941–1942" (Ph.D. diss., University of Georgia, 1972); and William Anderson, *Wild Man from Sugar Creek* (Baton Rouge, La., 1975), 196ff.
13. Kelly to Talmadge, 3 February 1942; Talmadge to Kelly, 9 February 1942, BOR Papers.
14. Minutes of the faculty, 12 June 1942.
15. Coleman, gen. ed., *History of Georgia,* 379.
16. Irvine Phinizy, "Dr. 'Jack' Sherman, Professor of Surgery," *Proceedings MCG* 2 (October 1952): 22.
17. Minutes of the faculty, 19 March, 17 December 1943, and 1 May 1944, a specially called meeting to discuss the problem of canceled deferments for medical students. See also S. Joseph Lewis, Jr., "Thirteen Decades of Commencements at the Medical College of Georgia," *Augusta* 1 (1966): 50.
18. Sanford to Dr. L. D. Stephens, 18 April 1944, and Ellis Arnall to Hon. Allen Day, 15 May 1944, BOR Papers.
19. Minutes of the faculty, 8 September 1944, 8 June 1945. Plans for a school of nursing were also discussed at the latter meeting.
20. Interview with Dr. Clinton Ashford, Augusta, Ga., 12 September 1978, citing a story from his uncle, Dr. Woodson Ashford.
21. Kelly to Sanford, 23 March 1944, MCG General File, 1943–54, BOR Papers.
22. Kelly to Sanford, 19 October 1944; Smith to Kelly, 5 March 1945; Kelly to Sanford, 16 August 1945; Statement of Chairman Marion Smith, 28 August 1945; telegrams Kelly to L. R. Seibert and Kelly to Sanford, 28 August 1945, apologizing for his "indiscretions" in the political arena, MCG General Files, 1945–47, BOR Papers. *Chronicle,* 8 May 1975; Kelly, "Milestones," 2–3; Cashin, *Story of Augusta,* 262–63.
23. Roy Harris to Smith, 15 April 1946, and Smith to Harris, 17 April 1946, BOR Papers. See also Cashin, *Story of Augusta,* 262–64.
24. Minutes of the faculty, 22 March 1946.
25. *Chronicle,* 19 March, 12 May, 25, 27 June, 12 July, 22 October 1948.
26. George D. Strayer, *A Report of a Survey of the University System of Georgia* ([Atlanta], 1949), 44–75, 117.

27. Kelly to William S. Morris, 17 January 1947, BOR Papers.
28. For a newspaper account of the above, see *Atlanta Journal,* 30 April 1947.
29. *Chronicle,* 9 May 1948; *Cadaver,* June 1948, concerning creation of a department of medical art, photography, and audiovisual education; October 1948, concerning the "Cancer Teaching Service." Bernard's clinic was helped substantially by a legacy in the will of Rosa Davis Hatcher, a local black woman who had been one of his patients (see *Chronicle,* 9 May 1948, for particulars).
30. Coleman, gen. ed., *History of Georgia,* 393; Minutes of the faculty, 1 June 1951.
31. Rufus F. Payne, "Georgia to Have New Medical Center," *Messenger of Theta Kappa Psi* (July 1951): 12; Kelly, "Milestones," 3. Kelly maintained that one hundred per class was "an optimum as a maximum."
32. Payne, "Georgia to Have New Medical Center," 12.
33. Interview with Rufus Payne, *Cadaver,* 29 October 1952.
34. Rufus Payne, "Developing a Medical Center," *Proceedings MCG* 2 (October 1952): 35.
35. Alfred Blalock, "Thoughts of the Future of the Georgia Medical Center," *Proceedings MCG* 3 (July 1953): 9.
36. Payne, "Developing a Medical Center," 35; *Chronicle,* 8 May 1975.
37. *Chronicle,* 8 May 1975; Lewis, "Thirteen Decades," 50.
38. Personal interview with Rufus Payne, 13 September 1978, and with Philip Dow, 10 October 1978, Augusta, Ga.
39. *Herald,* 14 April 1952; Irvine Phinizy, "Eugene Edmund Murphey," *JMAG* 41 (May 1952): 183.

CHAPTER FOURTEEN

1. *Proceedings MCG* 4 (January 1954): 2–8; Minutes of the faculty, 27 January 1958.
2. *Proceedings MCG* 3 (April 1953): 20–24 for brief sketches of these two men; interviews with Rufus Payne, 13 September 1978, 5 September 1984, Augusta, Ga.
3. Blalock, "Thoughts of the Future," *Proceedings MCG* 3 (July 1953): 8.
4. Minutes of the faculty, 3 June, 1 July 1954. "Microanatomy can work with Psychiatry, and Neuroanatomy; Pharmacology will control the Pharmacy," and so on.
5. Payne, "Georgia to have a New Medical Center," 12; Payne, "Developing a Medical Center," 35, 38.
6. Interview with Rufus Payne, 13 September 1978, Augusta, Ga.
7. Ibid.

8. Osborne, "History of Richmond County Medicine," 26. Geographic full-time faculty meant that it was acceptable for a physician to have an office in the hospital, but this fact had nothing to do with the question of fees. Non-geographic full-time—or strict full-time—meant that although one might have one's office in the hospital, there was to be no profit from fees.
9. Charles W. Hock, "Letter to the Editor," *Richmond County Medical Society Bulletin* (June 1963): 10; Edgar R. Pund to Dr. N. M. DeVaughn, John M. Martin, Charles W. Hock, and others, 21 March 1955, MCG Special Collections; *Chronicle-Herald,* 11 March 1956, Medical Section.
10. Interview with Roy Harris, 26 July 1978; interview with Rufus Payne, 13 September 1978, both in Augusta, Ga.
11. Minutes of the faculty, 1 June 1951; *Cadaver,* 26 March 1956; Minutes of the faculty, 24 October 1956.
12. *Cadaver,* March 1957.
13. Minutes of the faculty, 6 June 1957.
14. Caldwell to Pund, 4 September 1957, MCG Miscellaneous, BOR Papers.
15. Appeal to AMA Judicial Council, 1957–59 (a five-page, mimeographed item), ibid.
16. *Chronicle,* 23 April 1958. The Board of Regents, Richmond County Medical Society, and the Georgia Medical Association soon accepted the agreement (see *Herald,* 15 May 1958). For the complicated appellate procedure that had to be followed during the final step of this drawn-out litigation, see Minutes of the faculty, 27 January 1958.
17. Hock, "Letter to the Editor," 11.
18. *Proceedings MCG* 4 (April 1954): 3.
19. Statement of Bruce Howerton, accountant to the Medical College of Georgia Foundation, 6 June 1986, in Augusta, Ga.; *The Medical College of Georgia, Alumni Directory, 1828–1984* (White Plains, N.Y., 1984).
20. Minutes of the faculty, 31 May 1956; *Cadaver,* 12 October 1955.
21. *Cadaver,* 27 May 1955. Later in the year Greenblatt was given the Gold Medal Award of Phi Lambda Kappa (ibid., 16 December 1955).
22. *Chronicle-Herald,* 11 March 1956; *Chronicle,* 3 August 1958. For a fascinating look at the nursing programs provided by University, see Scrapbook, vol. 1, University Hospital, Augusta, Ga., MCG Special Collections. See also *Medical College of Georgia, Announcement: 1957–1958,* 105.
23. Minutes of the faculty, 31 May 1956.
24. Ibid., 6 June 1957.
25. Ibid., 31 May 1956.
26. Ibid., 24 October 1956.
27. Mary Anna Rushia, "The Life of Dr. Virgil P. Sydenstricker," written for the Woman's Auxiliary to the Richmond County Medical Society, no date,

typescript in MCG Special Collections; Maxwell M. Wintrobe, ed., *Blood, Pure and Eloquent* (New York, 1980), 325–26. *JMAG* 54 (February 1965): 62. For a full listing of Sydenstricker's writings see *Proceedings MCG* 3 (July 1953): 14–20. Photocopy in Biographical Files, MCG Special Collections. See also Dorothy Hart Mims's biographical sketch in *The Dictionary of Georgia Biography* (Athens, Ga., 1983), 2: 949–51.

28. Minutes of the faculty, 31 May 1956.
29. Ibid., 27 January 1958.
30. Ibid.
31. *Proceedings MCG,* 3 (January 1953): 7.

CHAPTER FIFTEEN

1. See MCG Annual Report, 1958–59, 38, and 1961–62, 43, in MCG Special Collections; Minutes of the board of regents (BOR), 1959–60, 1966, microfilm at UGA Libraries. References throughout.
2. Annual Report, 1958–59, 37–38; *Medical College of Georgia Newsletter,* 1 March 1968; *Chronicle* 22 April, 3 December 1969; Minutes of the BOR, 1969, throughout.
3. See *Medical College of Georgia Bulletin,* 1964–65, 42–43, 45, 48, 53; various Annual Reports; *Chronicle,* 9 May 1975; *Interface* (Winter–Spring 1974): 3; MCG Fact Book, 1979–80, 16, MCG Special Collections.
4. Annual Report, 1958–59, 13, and 1970–71, 8. The comparison is not as neat as it might be owing to the fact that full-timers were listed separately in 1959 but not in 1971.
5. Philip Dow, "William F. Hamilton," *Physiologist* 8 (1965): 95; *Cadaver,* October 1960; *Modern Medicine* (9 January 1961): 118–19. For a recent assessment see the article in *Physiologist* 27 (April 1984): 64–66. For Ahlquist, see particularly *New York Times,* 18 November 1976 and 16 April 1983.
6. Annual Reports for the years concerned.
7. Interview with Dr. Lois Ellison, 9 October 1978; interview with Dr. William H. Moretz, 15 June 1983, both in Augusta, Ga. It should be pointed out that the school of dentistry ranked thirteenth out of sixty-one dental schools in grants received in 1983.
8. *Foundation and Alumni News* (September 1961): 4–5, 1962, and September 1963, 26; Annual Report, 1962–63, 9; *Intercom* 5 (May 1975), all in MCG Special Collections.
9. "State School of Dentistry Proposed for Augusta," *Foundation and Alumni News* (March 1962): 6–7.
10. Harry B. O'Rear to Harmon Caldwell, 4 January 1964, MCG—Buildings, General Folder, BOR Papers.

11. "Dental School Approved at MCG," *Foundation and Alumni News* (June 1965): 4, quoting the governor.
12. O'Rear to S. Walter Martin, 2 July 1965, MCG—Buildings, General Folder, BOR Papers. On naming the Education and Research Building, see O'Rear to George L. Simpson, Jr., 13 August 1965; Simpson to O'Rear, 1 September 1965; Martin to O'Rear, 15 September 1965, ibid.
13. "Personalized Preventive Care: A Goal of Dental Education," *Interface* (Winter–Spring, 1974): 76; *Newsletter,* 1 February and 15 June 1967, 1 March 1968; Jack Zwemer and Vic Della-Guistina, Early History of the Medical College of Georgia School of Dentistry, 6; Medical College of Georgia, School of Dentistry, Preliminary Evaluation Material for the Council on Dental Education of the American Dental Association, January 1967, 9. The chronological sequence in the latter work gives an accurate report of the massive campaign and extraordinary amount of paperwork necessary to convince Georgia dentists that the state needed a second dental school. Zwemer's and Della-Guistina's useful history—as well as the other sources cited in this note—are all to be found in MCG Special Collections.
14. MCG Fact Book, 1979–80, 16; Zwemer and Della-Guistina, Early History, 8, 9.
15. Enrollment Reports for the years mentioned, Registrar's Office, MCG.
16. *Newsletter,* May 1970.
17. Annual Report, 1970–71, 1–8, 16–21, 36–37, 42, 44; Minutes of the BOR, 12–13 May 1970, 639–41; John M. Smith, "The Riot of May 1970: A Humanistic Perspective," *Richmond County History* 7 (Summer 1975): 103–15.
18. Smith, "The Riot of May 1970," 112; interview with Stanley H. Guest, Summer 1978, Athens, Ga. Guest was a student at MCG at the time of the trouble.
19. *Chronicle,* 19 June 1978; interview with Thomas F. McDonald, 30 July 1981 and 2 August 1984, Augusta, Ga.; Minority Summer Programs for College Students, Table 1, pp. 2–3; Terrell and Terrell, *Blacks in Augusta,* 34. For the best account of the Augusta integration crises of the 1960s and of the 1970 riot, see Cashin, *Story of Augusta,* 295–304.
20. *Newsletter,* 1 July 1967. Fees were increased by five dollars per item again in 1969. See Minutes of the BOR, 10 December 1969, 235.
21. *Newsletter,* 1 May 1969.
22. Minutes of the BOR, 10 December 1969, 224–25.
23. Ibid., 10–11 March 1970, 395; *Newsletter,* 1 April 1970.
24. Minutes of the BOR, 14 July 1971, 4–5, and 11–12 April 1972, 539–40. See also William E. Lotterhos, "Education for Family Practice at the Medi-

cal College of Georgia," *Bulletin of the Richmond County Medical Society* 16 (April 1973): 9.

25. Minutes of the BOR, 13–14 April 1971, 596–97. Dean Grant was given emeritus status in September. See ibid., 8 September 1971, 99.
26. Ibid., 11–12 April 1972, 570–71; interview with Dr. William H. Moretz, 14 June 1983.
27. Minutes of the BOR, 8 September 1971, 160–61.
28. Ibid., 11–12 January 1972, 401–3.
29. Ibid., 21 June 1972, 796–97.
30. Ibid., 8 September 1971, 93. Fordham left for a similar position at the medical school of the University of North Carolina. He later was named chancellor of the University of North Carolina at Chapel Hill.

CHAPTER SIXTEEN

1. *Chronicle*, 25 October 1972; Moretz's inaugural address is contained in *MCG Today* (Winter 1973): 8–11. It should be noted that numerous surveys and reports at that time projected a serious shortage of physicians to be felt in the near future. The acceptance of these reports by school administrators throughout the country helped lead to the creation of capitation funds to train these needed physicians. These developments obviously reinforced MCG's requests to the board of regents for immediate and significant expansion of the College's programs. The projected shortage of physicians did not occur to the extent expected, hence the recent decreases in capitation grants and a leveling-off of enrollment—particularly in the schools of dentistry and medicine.
2. *Chronicle*, 9 May 1975.
3. The preceding section is based upon a series of interviews with such men as Robert Ellison, Philip Dow, Clinton Ashford, Walter Farr, Lane Allen, Tom McDonald, Edward J. Cashin, Joseph B. Cumming, and others, all acute observers of the Augusta scene, who have watched developments at MCG over a period of years. For Moretz's comment, see *MCG Today* (Summer 1972): 4.
4. Flexner, *Report*, 206.
5. *Columns*, 17 July 1980; *Augusta Magazine* (Fall 1975): 8–9.
6. Minutes of the BOR, 7–8 November 1972, 261; "Diverse Degrees: 'Pathways' in the School of Nursing," *Interface* (Winter–Spring 1974): 79; "Nursing Now Just Isn't What It Used to Be," ibid., 10–12; *Augusta Magazine* (Fall 1975): 11. See also "A Supplementary Report to the Board of Review, Department of Baccalaureate and Higher Degree Programs, National League for Nursing, Regarding Curriculum Changes and Developments Since Oc-

tober 1973 in the Graduate Programs in Nursing, School of Nursing, Medical College of Georgia, Augusta, Georgia, April 1976," MCG Special Collections, especially iv–vi, 1–10, 299–301.

7. See Minutes of the BOR, 10 March 1976, 302, and 13 October 1976, 130; *Columns*, 3 January 1980. According to President Moretz, the 1983 figure found MCG with over 5,300 faculty and staff.
8. Minutes of the BOR, 10 September 1975, 56; *Aesculapian* (1977): 43, dealing in hyperbole. Fraternities had not been a part of MCG's nineteenth-century existence.
9. See Minutes of the BOR, 8 November 1972, 161–63, 181–82; 12 November 1975, 171–72; 12–13 July 1977, 25–26; 9 January and 13–14 February 1979, 131, 164–65; *Chronicle*, 11 June 1981. Interview with Dr. William Moretz, 25 May 1983. It should be pointed out that although the cost differential between ETMH and its fellow hospitals might seem to be large, the size of the bill for comparable services is usually about the same—or may even be lower—at ETMH. This is explained largely by the fact that the basic MCG room rate covers considerably more than the base rate at other hospitals. Other costs—for medicine, bandaging, and the like—are usually lower as well.
10. Minutes of the BOR, 10 March 1976, 308–9. The administration was given the right to make a few exceptions here too, but supplements can never amount to more than "40 percent annually for more than two years."
11. Ibid., 13 October 1976, 130.
12. Ibid.
13. "Annual Financial Report, University System of Georgia, for the Year Ended June 30, 1980," 205, UGA Libraries.
14. Medical College of Georgia, Augusta, Annual Report 1979–80, 3, 78, MCG Special Collections; Moretz interview, 25 May 1983.
15. Annual Report 1979–80, 6–9.
16. Ibid., 6, 67.
17. Ibid., "Abstract."
18. William H. Moretz, "The Medical College of Georgia—1983," commencement address delivered 11 June 1983, Augusta, Georgia (copy in MCG Special Collections). Most recently (1986) an effort to purchase the Gilbert Manor complex failed, but it is generally felt that this property must someday be controlled by MCG.
19. James Bordley III and A. McGehee Harvey, *Two Centuries of American Medicine, 1776–1976* (Philadelphia, 1976), 774–75, 779–80. Recent efforts to reverse this trend appear to be having some success by 1986.
20. For an interesting insight into these problems, see James Polk Morris's thoughtful review of Maurice B. Visscher's *Humanistic Perspectives in Medical*

Ethics, in *Bulletin of the History of Medicine* (Spring 1977): 159; Edmund Pellegrino, lecture at MCG, 8 November 1978, subsequently published as "Toward a Reconstruction of Medical Morality: The Primacy of the Act of Profession and the Fact of Illness," *Journal of Medicine and Philosophy* 4 (March 1979): 32–56.

Bibliographical Note

PRIMARY SOURCES

The best primary sources for the history of the Medical College of Georgia are housed at the Medical College itself. The Special Collections Room of MCG's Library, presided over by Dorothy Hart Mims, is a mine of information relating to almost every aspect of the school's history. Here are tended the numerous surviving volumes of the original Dugas purchase dating back to 1834. The room also is the proud possessor of a complete set of the *Southern Medical and Surgical Journal,* in which so many of the early faculty published. Special Collections also contains as complete a listing as exists of past MCG bulletins, catalogs, announcements, and the like. There are, in addition, a few account and prescription books that belonged to former members of the faculty, notably Joseph Eve Allen. The Library also holds a modest collection of other documents—some pertinent, some not—that have accumulated over the past century and a half. Fragments of an 1850 diary, never before printed, and Augusta and Petersburg business ledgers from the 1790s round out Special Collections' unpublished holdings and give an added insight into the life of the community in which MCG was formed.

More recent material in Special Collections includes bound copies of the board of regents' Minutes, Annual Reports, Financial Reports, System Summaries, and other data pertinent to the University System of Georgia. Here are also deposited the theses and dissertations done at MCG since 1951, but the theses that were necessary for the M.D. degree in the antebellum period and briefly afterward have disappeared. Also on hand are the Annual Reports of the President of MCG; the Audit, Financial, and Division Reports; back issues of the yearbook, the *Aesculapian,* and of the student newspaper, the *Cadaver* (files dating from 1946). Special Collections also has an assortment of various kinds of ledgers and statistical registers that relate to MCG's history.

There are no major collections of letters, diaries, journals, or the like belonging to students or faculty and dating from the early period of the school either held—or owned—by the MCG Library, but there are some scrapbooks, ap-

pointment ledgers, and other mementos of a more recent vintage. Although such items are of minimal help in reconstructing an institution's past, it may be that the school's present superior storage facilities and accomplished library staff will encourage substantial contributions of appropriate unpublished material to Special Collections.

A careful search of manuscript depositories throughout the South and nation was made before this book was written, and photocopies of data pertinent to Augusta and the Medical College were secured. These items came from such varied sources as Tulane, Louisiana State University, Duke, the National Library of Medicine, and the National Archives. The Georgia Historical Society in Savannah has a useful Louis Dugas collection.

Sources for other unpublished holdings that have a bearing on the Medical College of Georgia are the Tennessee State Library, and the libraries at Duke and the University of North Carolina. The Robert W. Woodruff Library for Advanced Studies at Emory University has the letters of MCG student Robert Lovett, written during the 1840s, and the University of Georgia holds the varied and intriguing E. E. Murphey Collection.

Still deposited in the Office of the Registrar at MCG, and locked carefully in a fireproof vault every night, are the basic documents that provide the researcher with the nuts and bolts of MCG's history. Here, for example, are the most important single sources to be utilized in such a study—the Minutes of the faculty of the school, starting in 1833 and running through 1912 when the internal structure of the College changed. The Minutes of the board of trustees, although neither so extensive nor as valuable as the Minutes of the faculty, go back to 1829 and are, therefore, the oldest extant official records of the school. These Minutes run to 1905. Other records include the Minutes of the board of directors, 1914–29. Also at the Registrar's are various student and faculty account books, receipt books, a fragmentary record of expenses and dividends of the faculty, and a register of students that begins in 1832 and, with a few notable exceptions, runs through 1908. Reports and proceedings of the executive and prudential committees in the twentieth century also shed light on the life of the school. Miscellaneous records cover a variety of business ranging from securing cadavers to student allowances and scholarships. Records no longer needed in divisions of MCG now go to Records Management.

Each chief administrative division at the College—as well as Eugene Talmadge Memorial Hospital—now controls its own records. The patient records at the Hospital are especially interesting in that they not only reflect the number of people served by that facility but offer as well an unrivaled opportunity to see how thoroughly the Hospital covers the state, the nature of the illnesses served, occupancy ratios, discharge information, and the like.

The city hall and courthouse in Augusta provide the researcher with a storehouse of information on tax and deed records, city council minutes and notes, and a wide variety of other related materials. There are some relevant unpublished items in the Augusta College Library and at the Augusta-Richmond County Museum, but the use of the materials at the latter depository is difficult because of the unorganized and unsorted nature of the Museum's collections. In Atlanta, the Department of Archives and History holds the invaluable correspondence and other records of the board of regents that relate to the history of the Medical College since the 1930s.

Newspapers provide a clear window through which to see the life of a community and its institutions, and Augusta is no exception to this rule. The longest-running local paper is the *Augusta Chronicle,* which celebrated its bicentennial in 1985. It has appeared under a number of different titles in its long life, and for purposes of clarity and consistency has been called simply the *Chronicle* throughout this volume. Scrapbooks and clipping files for the *Chronicle's* more recent years may be consulted at the Augusta College Library and the Augusta-Richmond County Library.

But other newspapers shed light on the history of the College and the city in which it exists. The *State Rights Sentinel,* the *Georgia Constitutionalist,* and the *Augusta Herald* have all been used selectively, and a few issues of less well known journals have also been read and cited occasionally. Other relevant printed primary sources have been consulted as well. The *Augusta Directory and City Advertiser for 1841* has been reprinted and offers insights into the local establishment—as do the city directories from a later period on up to the present. But the printed source of overarching significance for the antebellum history of MCG remains the College's own *Southern Medical and Surgical Journal.*

SECONDARY SOURCES, GEORGIA AND AUGUSTA

Kenneth Coleman, as general editor of *A History of Georgia* (Athens, 1977), provides the best work available on the state level, but E. Merton Coulter's *Georgia, A Short History* (Chapel Hill, rev. ed., 1960) still has value, particularly for the antebellum period. The cooperative *Memoirs of Georgia,* in two volumes (Atlanta, 1895), contains Eugene Foster's useful and original treatment of Georgia's—and particularly Augusta's—early medical history as well as a consideration of the beginning of the public health movement in Augusta and the state. A number of the other cooperative and biography-oriented surveys of Georgia, so popular from the

end of the nineteenth century until about 1940, contain sketches of important medical figures in the state. Such sketches, however, are usually more oriented toward platitude than fact.

Edward J. Cashin's *The Story of Augusta* (Augusta, 1980) supersedes all other works in this area and provides an excellent interpretive analysis in which to fit the history of the Medical College of Georgia. Charles Colcock Jones, Jr., and Salem Dutcher's *Memorial History of Augusta, Georgia* (Syracuse, 1890), is dated, but contains a good deal of information that is not available elsewhere and has been recently reprinted. *Children of Pride* (New Haven, 1972), edited by Robert Manson Myers, and *The Rambler in Georgia* (Savannah, 1973), edited by Mills Lane, provide material from an insider's and outsider's view respectively. Ray Rowland and Helen Callahan's *Yesterday's Augusta* (Miami, 1976) presents a fine selection of photographs of the community, but is short on the visual record of the Medical College. *A History of Augusta College* (Augusta, 1976) by Cashin, with Helen Callahan, is useful particularly for ideas relevant to the educational history of the community. A vital publication in trying to understand one of the reorganizations by the board of regents of the University System of Georgia is George D. Strayer's *A Report of a Survey of the University System of Georgia* (Atlanta, 1949). Pertinent theses and dissertations are cited in the alphabetical listings that follow.

Certainly the best work published to date that deals specifically with the Medical College of Georgia is William H. Goodrich's *The History of the Medical Department of the University of Georgia* (Augusta, 1928). Goodrich's book, however, except in its biographical sketches, barely goes beyond the founding of the College. S. Joseph Lewis, Jr.'s unpublished manuscript on the College, written in strict chronological style, runs the history of the school through the early 1960s and is a valuable source for names, dates, and places. His patient and exhaustive research in the *Chronicle* is particularly admirable. John Pitts Corry's fragmentary "A History of Medicine in Georgia" is stored at the A. W. Calhoun Library, Emory University School of Medicine. The publication of the Richmond County Historical Society—*Richmond County History*—includes articles helpful for the student of the Medical College, as does the late publication of the chamber of commerce titled simply *Augusta* (1966–71). The useful *Augusta Magazine* (1975–present) contains some good data. The *Georgia Historical Quarterly* occasionally runs essays that are relevant to MCG history as does the *Journal of the Medical Association of Georgia.* A

number of these articles are cited in the alphabetical listing following this section.

A recent publication that must be noted is Evelyn Ward Gay's *The Medical Profession in Georgia, 1733–1983* (Fulton, Mo., 1983). This volume would hardly warrant serious notice were the book not ahistorical in style and nature. Mrs. Gay chooses to utilize the tools of scholarship, including copious endnotes, but relies in her judgments on personal opinions rather than facts and logic. Although the book is haphazardly put together, it still contains some little known details of medical history not chronicled elsewhere. In the final analysis, however, the book's proclivity to verbosity and its tangential, eccentric diversions rob the volume of any real value that it might otherwise have had. Mrs. Gay writes from the "old school" viewpoint of the history of medicine as being simply the compilation of the personal histories of the physicians involved. This concept gives the book a certain antique charm but does little to advance historical knowledge of this increasingly sophisticated field. Mrs. Gay's prose reads well enough, however, and the end product is a lively—albeit unreliable—work.

Special Collections at MCG has the most complete holdings of short-run secondary source publications such as *Proceedings of the Medical College of Georgia, Foundation and Alumni News, Wednesday,* and other in-house publications. Also held in Special Collections are a number of unpublished articles on the internal history of the College, several of them referenced both in the notes to this volume and in the listing of secondary sources following this essay. A useful key to the maze of Augusta's history is A. Ray Rowland, *A Guide to the Study of Augusta and Richmond County, Georgia* (Augusta, 1967), but an updating is sorely needed.

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